15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaasad livad, If institution: Residence before edmission)
Baltimore Maryland	*. STATE NATIONAL B. COUNTY
b. CITY OR TOWN (if outside corporate limits, writa RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, writa RURAL and giva nearast town)
Fort Howard 18 Days	Baltimore 6
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Veterans Administration Hospital	3617 Glenmore Avenue
3. NAME OF DECEASED ROBERT'S F. ALL	LERS Last 4. DATE Month Day Yaer
(Type or print) (Served ROBERT F. ALLI	ES) DEATH August 23 1961
	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED J	Fune 5, 1894 January Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Repairman-Retired Refrigerators	Baltimore, Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Allers	Louisa Myers
	inical Records, VAH, Baltimore 18, Maryland
Yes WW I 215-05-4937	
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	Fort Howard Division INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	LEFT CEREBRAL HEMISPHERE 3 YEARS
DUE TO CEREBRAL ARTERIOSO	
Conditions, if eny, which (b) MYOCARDIAL FIBROSI	S UNKNOWN
(a), stating the underlying DUE TO CORONARY AND GENER	RALIZED ARTERIOSCIEROSIS Terminal
cause last. (c) UICERATED RT.ANKLE	DUE TO THROMBOSIS. AORTA/Portion RECENT
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
TERMINAL BRONCHOPNEUMONIA	- YES T NO
). (Enter netura of injury in Part I or Part II of item 18.)
0	CE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Slele)
Hour e.m. While Not While p.m. 19 at work et work	tory, street, office bldg., etc.)
	Angust 5. 167 to Angust 23 1967 that (\$ (wa) last
21. I certify that (4-(inis nospital) allended the deceased from.	August 56:30 to August 23, 19.61 that (x (we) last death occured at AM, from the causes and on the date stated above.
	22b. DATE
22a. SIGNAJURE	ATTENDING MED. STAFF SIGNED
	A.D. PHYS. DIRECTOR PHYS. 2 8/23/61
22. PHYSICIAN'S NAME_ITYON	22d. ADDRESS
NAM SEBASTIAN RUSSO, M.D.	VAH, BALTIMORE 18, MARYLAND, FT. HOWARD DIT
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
Burial 8-25-6/ Baltimore Na	ational CemeteryBaltimore Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
/Wm. Cook-Blight, Inc. 6009 Harford Rd., Bai	1to.14. DATAUG 2 8 '61
/ mm. oook-bit gire, the oooy mariota ma, jba	Md.

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To A State Horionel Constent Belginger

Marchael State Ind. occasion in the pathology in the 2 that

CERTIFICATE OF DEATH director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore Catonsvil d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Summit Nursing Home. 1720 W Pratt St. YES NO NAME OF DECEASED First Middle Month Yeor OF DEATH CALVERT ARRINGDALE. (Type ar print) August 19 0 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | lost birthdoy) | Months | Days | Hours | Mice 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH Doys 30.1884 Male WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Serv. U.S.A. Retired Marine Guard 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodore Arringdale Katherine Dorritee. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line fan(o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/BUT NOT FELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year (Caunty) Nat while foctory, street, office bldg., etc.) Hour o.m. While ot wark at wark 21. I certify that I attended the deceased from __that I last saw the deceased and that death occurred at M from the causes and on the date stated above. alive on____ ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 8-78-67 O'Donnell Carmel Cemetery ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE Cirthur S. Kraus

(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSTEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. S TO FUNERAL DIRECTOR: At this certificate has been signed by the attending physician at complete willed in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
8797	CERTIFICATI	OF DEATH		0879
0431				11040

1. PLACE OF DEATH				2.	USUAL RESI	DENCE (Whe	re decessed lived, If	institution: Resid	ence before	edmission)
e. COUNTY	altimore		MARYLA	ANT D	a. STATE	Maryla	nd b. cou	NTY Princ	e Geor	re
b. CITY OR TOWN (f outside corporeta lim	its,	c. LENGTH OF STAY		c. CITY OR TO		corporata limits, writ			0
Ca tonsv	give nearest town)		3vrlmth26	dus	Hyat	tsville	, Mary land	1 16	36-	1
		if not in hos	pital, give street address		d. STREET ADD		, (1) 2012			ESIDENCE
	ROVE STAT		PITAL		Bea	con Li	ght Road			A FARM?
3. NAME OF DECEASED	First		Middle		Last	4. DA	TE Mont	h Da	y Yee	,
(Type or print)	Charle		В		shton		ATH Aug	ust 18	19	61
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In yeers lest birthdey)			
male	white	WIDOWE	DIVORCED	□ Se	ept. 28,	1887	73 yrs.	Months Deys	s Hours	Min.
10a. USUAL OCCUPAT			ND OF BUSINESS OR IN				e, or foreign country) 12. CITIZEN	OF WHAT	COUNTRY
transit ope		10)			Washi	ngton,	D. C.	II. S	5. A.	
13. FATHER'S NAME				14	MOTHER'S MA	IDEN NAME			40.4	
George	Ashton				Emily					
15. WAS DECEASED EV			SOCIAL SECURITY NO.	17. INF	ORMANT		Addres	\$		
(Yes, no, or unkown) (I	yesgive werordetes of:		lenam	Dogo	ada. CD	משרכת	DO ITTE NEW	(TES TTO 3 W	TOLE	
	EATH [Entar only one		IKNOWN na for (a), (b), and (c).	Reco	ds: SP	RING G	ROVE STA		INTERVAL BET	
	WAS CAUSED BY	C	ardiac fail	ure					ONSET AND	DEATH
4	IMMEDIATE CAUSE (e)						70-			
Conditions, if eny	DUE TO		terics clero	tio o	andi ame	e or of mos	discaso			
gava rise to immadi	eta cause		GELTO CTELO	OTC C	alulu vas	ocurar .	птаейзе			
(a), stating the u	nderlying DUE TO									
ceusa lest.) (c)	TIONS CON	TRIBUTING TO DEATH	BLIT NOT B	ELATED TO THE I	FERMINIAL DICE	ASE CONDITION OF	VENI INI DA DT 1(a)	1110 WAS A	ALITORSY
PARI II. OTHER	SIGNIFICANI CONDI	IIONS CON	TRIBUTING TO DEATH	BOI NOI K	LAILD TO THE I	EKMINAL DISE	ASE CONDITION GI	YEN IN FART I(a)	PERFC	ORMED?
No. of the state o	A C LINIER NAME OF	1 001 015		COLUMN /F		. D 1	B + H - C 10 - 10 3		YES	но 🔀
PART II. OTHER OF CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CORED. (E	ifer neture of infu	iry in Part I or i	Part II of Item Ip.)			
\$ 20c. TIME OF INJU	RY Month, Day, Ye				OF INJURY (Hom		(City or town)	(County)		(Stete)
20c. TIME OF INJU	19	While et wor		tactory,	street, office bldg	g., etc.)				
				from 1	for ch 18	1958	to Aug. I	8 19 6]	that (1)	(we) las
21. I certify	and alive on A	110. 18	ded the deceased	d that de	ath occured	6:14	from the causes	and on the	data state	d shove
22e. SIGNATURE	ed alive oil	TO THE	,	u mar de	am occurso	C1Q1-0-171,	11011 1110 Causes	and on the	0010 31010	b. DATE
226. SIGNATORE	Siella	Was	luler	M.D.	ATTENDING PHYS.		STAFF PHYS.	8-18-6	1	SIGNED
22c. PHYSICIAN'S NAME (Type)	Stella W	achsle	r M. D.		22d. ADDRESS	SPRIN	- 0		HOSPII	'AL
1- 23a. BURIAL, CREMATI	ON, 23b, DATE THE	REOF	23c. NAME OF CEM	ETERY OR	CREMATORY	23d.	LOCATION (City, to	own or county)		itete)
REMOVAL (Specify)	Aug 19,		Ft Lincol				olmar Man			
24 FUNERAL DIRECTOR			ADDRESS				EGISTRAR 25b. RE		VATURE	
F Gasch	_	Hvatt	sville M.	716		TE AUG 2 1		Lithur 1 to		
I dascii	0110	7 ~ 0 6	2		DA	15		4. 10	-	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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attending physician

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after death. Page

PLACE OF DEATH

RURAL and give nearest town)

Baltimore

Pikesville

b. CITY OR TOWN (If autside carporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

7043 Concord Road

White

MARYLAND c. LENGTH OF STAY IN 16

Middle

DIVORCED |

o. STATE Maryland

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville

2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission)

b. COUNTY

d. STREET ADDRESS

last

7043 Concord Road

4. DATE

e. IS RESIDENCE ON A FARM? YES NO

Year

19 61

NAME OF DECEASED (Type or print) SEX

OR INSTITUTION

o. COUNTY

IDA 6. COLOR OR RACE

First

WIDOWED |

ATTMAN 7. MARRIED T NEVER MARRIED

B. DATE OF BIRTH May 1901 DEATH August 9. AGE (In years last birthday) Months 60 yrs.

Month

IF UNDER 1 YEAR IF UNDER 24 HRS. Days Haurs

12. CITIZEN OF WHAT COUNTRY?

Female

10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) At Home

Russia

14. MOTHER'S MAIDEN NAME

USA

Day

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

Rachel? 17, INFORMANT

Address

no

during most of working life, even if retired)

Housewife

Yechel Shapiro

no

Mr. Harry Attman- 7043 Concord Road

PART I, DEATH WAS CAUSED BY:

DUE TO Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (0)

DUE TO

1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town)

(County)

(State)

20c. TIME OF INJURY Month, Doy, Year a. m p. m.

20d. INJURY OCCURRED While Not while at work

factory, street, office bldg., etc.)

at work 21. I certify that (I) (this hospital) attended the deceosed fram...

1961

sow the deceased alive on 220. SIGNATURE

1. and that death occurred of 30 %, from the causes and on the date stated above.

ATTENDING PHYS. M.D 22d. ADDRESS MED. DIRECTOR PHYS. 22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

IMELFAR 23a. BURIAL, CREMATION, 23b. DATE THEREOF

Aug

24/61

23c. NAME OF CEMETERY OR CREMATORY Shomre Mishmeres

23d. LOCATION (City, town, or county)

(Stote)

REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

25o. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

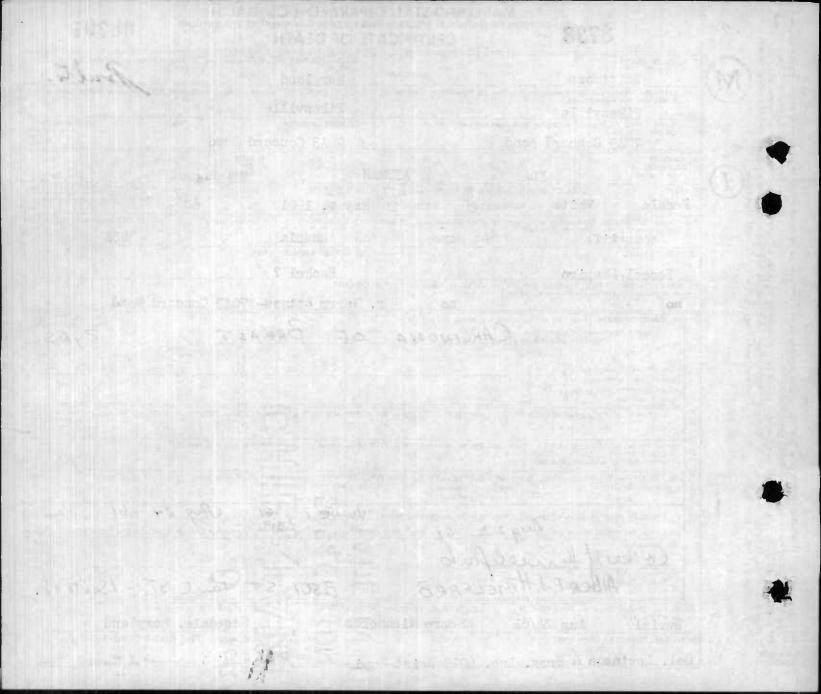
Rosedale, Maryland

Levinson & Bros. Inc. 6010 Reist Road

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DIRECTOR: anld ate TO FUNER 3 page the Sta VR A15 (4) 15M 9/59



TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician at mapped and in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (18792)

ч	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidence before edmission)
	Baltimore MARYLAND	a. STATE Maryland b. COUNTY
ŀ	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	write RURAL end give nearest town) Cstonsville 8vr5mth2ldvs	Baltimore 3 VOI- 4
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
7	SPRING GROVE STATE HOSPITAL	914 Whitelock Street YES NO
	3. NAME OF First Middle	Lest 4. DATE Month Day Yeer
	(Type or print) Betti Betti	nchenheimer DEATH August 1 1961
1		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		June 24, 1878 last birthday) Months Days Hours Min,
		RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) housewife	Germany U. S. A.
1	13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
	unknown Moses Shier	unimum Helena
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyes give werer detes of service)	INFORMANT
		cords: SPRING GROVE STATE HOSPITAL
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Terminal pneumo	
	4 DUE TO	
1		c cardiovascular disease
	gave rise to immediate cause	
	(a), steting the underlying DUE TO	
	(V)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	FART II. OTHER SIGNIFICANT COMMITTEE COMMITTEE TO SERVING TO SERVI	PERFORMED?
ч	5	YES NO X
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Part I or Pert II of itam 18.)
4	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata)
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PL/ While Not While fec work et work et work	tory, street, office bldg., etc.)
	21. I certify that (K (this hospital) attended the deceased from.	Feb. 10 19.53 to Aug. 1 19.61, that (I) (we) last
	saw the deceased alive on Aug. 1 19.61, and that	t death occured at
	22a. SIGNATURE	22b. DATE
	(1.08. Wash 100.	A.D. PHYS DIRECTOR STAFF 8-1-61 SIGNED
	22c, PHYSICIAN'S NAME (Type)	22d. ADDRESS SPRING GROVE STATE HOSPITAL
	Stella Wachsler, M. D.	Catonsville 28, Maryland
	230 BURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY	
	24 PINERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	land him are the	DATE AUG 3 '61 Comma S. Kraus
1	police sewes the 2100 of die 12	DATE TO DATE

200 , we there so there we will be the Statistical atolic Syruce 83-61 Hattanen Herar Back Meta Lever to 200 Filler Thomas - "

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Fort Howard Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 838 N. Chapelgate Lane YES NO VY Veterans Administration Hospital NAME OF DATE Year DECEASED (Type or print) DEATH DATCHO C. 19 AUGUST 61 5. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Male White WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salesman Hardware Marietta, North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rufus A. Bailey Leona Arnette 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Clin. Rec. VAH, Balto. 18, Md. Ft. Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HEMORRHAGIC PANCREATTTTS DAYS IMMEDIATE CAUSE (e) DUE TO LAENNEC'S CTRRHOSTS if any, which YEAR geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO KX Acute Brain Syndrome, Delerium Tremens ACCIDENT WAS UNDERLYING | | 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (State) Month, Day, Year factory, street, office bldg., etc.) Not While While at work at work saw the deceased alive on...8/19 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. TX PHYS. 8/19/61 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

physician please affending Then removal, the permit. ig physician. certificate has been signer r use as the burial-transit arior to burial, cremation, ō hospital for fhis ched may be retaine DIRECTOR: P plnods the the FUNE filed v Oğ

funeral

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CAROLINA

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HOME.

FUNERAL

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VR A15 (4) 15M 9/60

8-20-61 Removal 24 FUNERAL DIRECTOR'S SIGNATURE

Wm. Cook-Blight Inc

REMOVAL (Specify)

23e. BURIAL, CREMATION, | 23b. DATE THEREOF

Hollywood Cemetery 6009 Harrord Road Baltimore ll Md

23c. NAME OF CEMETERY OR CREMATORY

CHARLES E. ROWAN, M.D.

Lumberton, North Carolina 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town or county)

VAH, BALTO.18, MD. FT. HOWARD DIVISION

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nalaivid Gra	n. Rro. W. Deito, M. Deito, M. Fr. Boy			301
gran 2				
BASE		E.H 8102		
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aniilm so a	etere Markerton, Nort	beck bro trail		

Baltimore, Md.

Leonard J. Ruck Funeral Home, 5305 Harford Rd.

DATE AUG 8

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MARYLAND STATE DEPARTMENT OF HEALTH

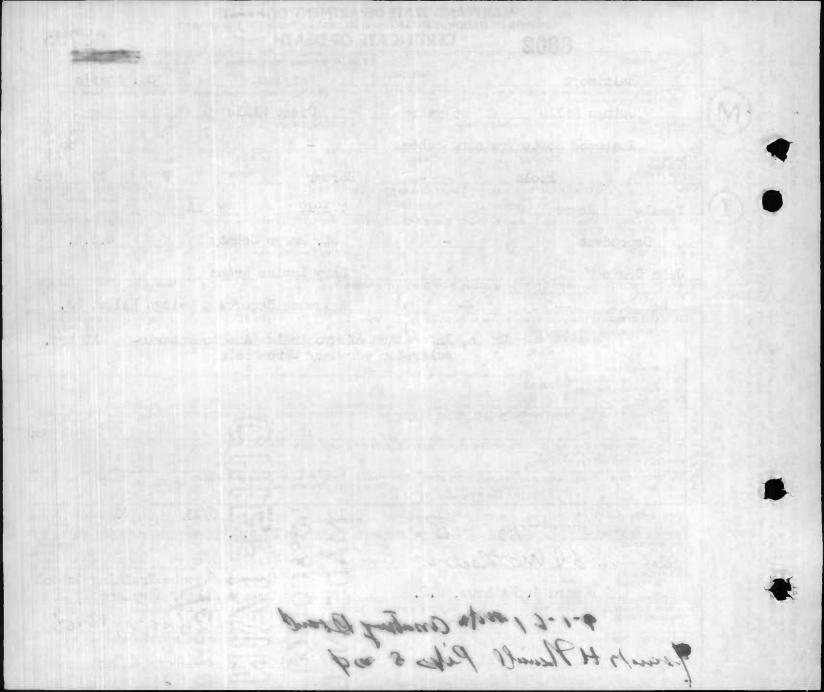
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 0000

118795

							400	Charles	
1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDENCE (b COUNTY		or or nissio	an)
	timore (If outside corporate limits	weite a	LENGTH OF STAY IN 16	c. CITY OR TOWN (St. Mar		
RURAL and give		, write C.	LENGIA OF SIAT IN 15			limits, write KU	KAL and give ne	drest tawn)	
	ngs Mills		5 years		t Mills				
OR INSTITUTION				d. STREET ADDRESS		1/2 X	(-2	e. IS RESID	FARM?
	sewood State					10		11.3	140 []
3. NAME OF DECEASED (Type ar print)	First		Middle	Barber	4. DATE OF DEATH	Month	2	-/	961
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years	F UNDER 1 YEA	R IF UNDER	R 24 HRS
77		WIDOWED		? 1917	2"	ost birthdoy)	Months Days	Haurs	Min.
Female	Mestro			JSTRY 11. BIRTHPLACE (Sto	ate or foreign countr	The st in the state of	12. CITIZEN O	E WHAT CO	OUNTRY
during mast af wo	rking life, even if retired)	100. 101	TO OF BOSINESS ON THE						30141111
<u>Deper</u>	ndent		-		ys County	`	U.	S.A.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN	N NAME				
John Beal	le			Mary Lou	ise Green				
S. WAS DECEASED EV	ER IN U. S. ARMED FORC		CIAL SECURITY NO. 17.1	NFORMANT		Addre	SS	4 11 14	
(Yes, no, or unknown)	(If yes, give war ar dates of sen	vice)		Pongroad	Paganda	Ordna	s Mills	Md	
No				Rosewood	necorus	, OWILIE			
	ATH [Enter only one cause	se per line i	far (a), (b), and (c).					TERVAL BET ISET AND [
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Dx (a) Infarctio	n of myocard	ium due t	o arter	io-	10 hrs	S.
43	DUE TO			coronary th					
Conditions, if	W 2		SCIELOCIC	corollary of	T OFFICE PARTS				
gove rise ta	immediate (D)								
couse (a), stating	the under-								
lying cause last									
PART II. OT	THER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	RMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	19. WAS A PERFOR	UTOPSY
PART II. OT								YES [
E 200 ACCIDENT W	AS UNDERLYING 2	Ob. DESCRI	BE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I ar Port II a	if item 18.)		-	
(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)							9112	il.
	IRY Manth, Day, Year			LACE OF INJURY (Hame, for actory, street, affice bldg.,		awn)	(Caunty)	(State)
Haur a.m.	10	While of wark	I ACI MILIE	actory, street, affice blag.,	erc.)				
		_		2/20	-/ -	100	/7		
21. I certify th	at (1) (this haspital)	attended	the deceased fram.		1256 , .ta8	143		hat (1) (v	ve) last
saw the deced	ased alive on	/23	19_61, and that	death occurred a6:	201, from the	causes and	on the dat	e stated	abave.
22a. SIGNATURE	(1)							22b.	DATE
Edin	and I M	ata	eus	M.D. PHYS.	MED.	TAFF HYS.			SIGNED
22c. PHYSICIAN'S NAME (Type)			u .	22d. ADDRESS	Rosewood		Trainin	g Sch	ool
	Edward J.	Mathe	ws. M.D.		Ovings M	ills. M	arvland		
23a. BURIAL, CREMATI REMOVAL (Specify	ON, 23b. DATE THEREOF		NAME OF CEMETERY	OR CREMATORY	23d. LOCATION			UStote	,
24. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	250 PI	EC'D BY REGISTRAR	25h REGIST	RAR'S SIGNATU	JRE	
1	1141	On	01 -						
grand'	2 to 1 / 1/4	d	Pules 8	DATE:	EP 6 '61	Chill	in & Flran	4	

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MARYLAND STATE DEPARTMENT OF HEALTH

Bluision of Statistical Research and Records — Baltimore 1, Maryland

CERTIFICATE OF DEATH

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4.	PLACE OF DEATH o. COUNTY		2. USUAL RESID	ENCE (Where deceased	lived. If institution:	Residence before	odmission)
	Baltimore ·	MARYLAND	Mary	land		C. MI	ary's
	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. Sity OR	OWN (If outside corpor	ote limits, write RURA	L ond give neare	st town)
1	Mt. Wilson, Maryland	1mo. 3 day	DALX	nglon	jark	18	
1	d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	oddress)	d. STREET AL	DRESS	1		ON A FARM?
	Mt. Wilson State Hospita	1	10/01	080 011	100		YES NO
3.	NAME OF DECEASED (Type or print) 705EPH	MERVIN	BAR	NES DEATH	Month 8	3	1961
S.	SEX 6. COLOR OR RACE 7. MARR WIDOWE	THE TEN MARKET	B. DATE OF BIRTH	12 4 9	1 1 1 1 1 1	Onths Doys	Hours Min.
10	Da. USUAL OCCUPATION (Give and of work done 10b. I during mass of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLA	CE (State or foreign co	untry)	12. CITIZEN OF W	VHAT COUNTRY?
		Construction	Ma	ryland		USA	
13	B. FATHER'S NAME	A / /-	14. MOTHER'S	MAIDEN NAME	MDIE	~ 1/	
Y	JOSEPH BAR	NEC	KOS	ENIA	EDIZ	OIV	
15	YAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address		
	no	Но	ospital F	decords, Mt.	. Wilson S	tate Hos	spital
	18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), ond (c).]	1				VAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	lmomar	y ear	ma		2	amie
	DUE TO		11 000	- 1	, ,	~	
	Conditions, if any, which) (b) (a)	advance	d bil	allial.	pulm	- 0	CIPAD
	gove rise to immediate couse (a), stating the under-	1000 - 110	ercul			0	gue
	lying cause last. (c)	certy were	rue	ous			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THETERMINAL DISEASE	CONDITION GIVEN		PERFORMED?
							res NO
L CERTIF		CRIBE HOW INJURY OCCURRED	D. (Enter noture of	injury in Part I or Port	II at item IB.)		
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While	f	ACE OF INJURY (H	lome, form, 20f. (City	or town)	(County)	(State)
ME	Hour a.m. While at work	Nat while at work					
	21. I certify that (I) (this hospital) attend	ed the deceased from	7.3.	1961 to	8.6.	1961, tha	t (I) (we) last
	saw the deceased alive an 8 6	19.61 , and that d			the causes and o		
	22o. SIGNATURE			12m		1	22b. DATE
	Mewcomer		M.D. PHYS.	DIRECTOR	STAFF PHYS.	8.6.	10/61
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRE	SS	- S-100		
		perintendent	Mt. W	lson State	Hospital	Mt. Wi	lson, Md
23	3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF			ION (City, tawn, ar c		(State)
	Burial 8/10/61	Holy Face	Cemeter	v Gre	at Mills	. Md.	
24	4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		250. REC'D BY REGISTE		R'S SIGNATURE	
	P. P. Pohingon Icon	andtown Md		DATELIG 1 0 '61	71.1	0 :-	

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 and by the hospital Proglending physician.

URECTOR: After the fillicate has been signed by the ottending physician and completely filled in the funeral director.

page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. —ages the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

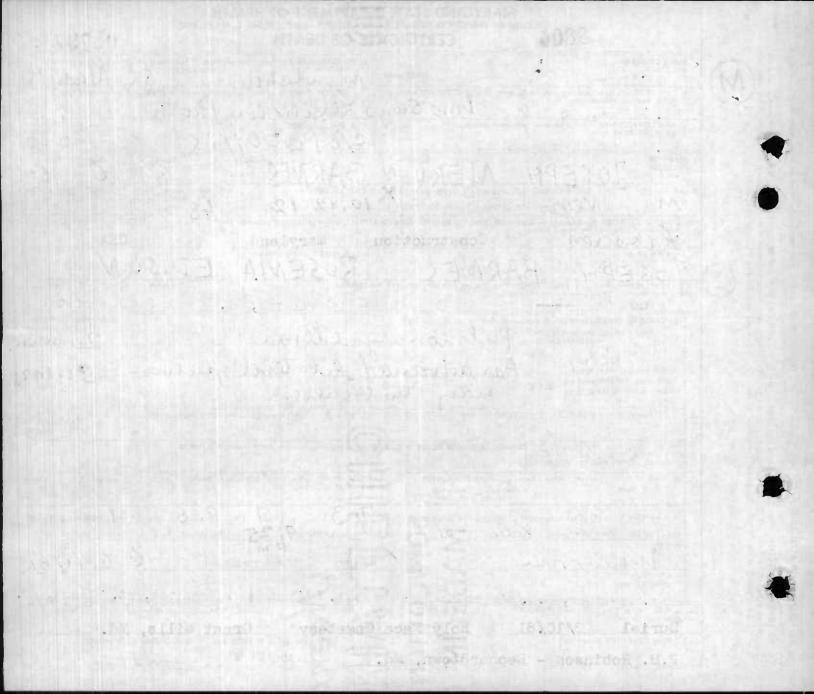
inficote has been signed by the ottending physician and comply use as the buriol-transit permit. Then please remove carbon papers

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the funeral director, 2 should be filed with

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

S death.

Y the hospital or attending physician.

Y the physician complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

0	own)
Baltimore Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore d. STREET ADDRESS d. STREET ADDRESS	
Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS	2551251105
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS	DECIDENTAL OF
	RESIDENCE
Veterans Administration Hospital 1817 Winans Avenue	NON
3. NAME OF First Middle Last 4. DATE Month Dey Y	nar
(Type or print) ROBERT W. BARNETT DEATH AUGUST 26	9 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UND	ER 24 FIRS.
Male White WIDOWED DIVORCED 5/22/89 Itast birthday) Months Deys Hours	Min.
10a, USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OF INDUSTRY 11 BIOTHDI ACE (County & State or foreign country) 12 CITIZEN OF WHA	COUNTRY
Carpenter Construction Sykesville Manyland U.S.A.	
13. FATHER'S NAME Construction Sykesville. Maryland U.S.A.	
Samuel Barnett Sally Fredericks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
Yes WW I 217-05-4942 Clin-Rec. VAH. Balto 18 Md. Ft. Howard Divise	
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c),	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY UNKNO	
2 2 STATE	VAR TA
	LIM
geve rise to immediate couse	VAN TA
(e), staring the uncertying	
	AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS PER YES	FORMED?
20e, ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.)	
20e. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	(State)
Hour a.m. While Not While fectory, street, office bldg., etc.)	_
21. I certify that () (this hospital) attended the deceased from 8/23/	(we) la
saw the deceased alive on	ted abov
ATTENDING MED. STAFF	SIGNE
22c PHYSICIAN'S ONW OTHER DIRECTOR PHYS. 12d. ADDRESS	26/61
NAME (Type)	
JOHN W. PEMBERTON, M.D. VAH, BALTO.18, MD. FT. HOWARD DIVISION	ON
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(21919)
Burial Aug. 30, 1961 Baltimore National Baltimore, Maryland ADDRESS 250, REC'D BY REGISTRAR 250, REGISTRAR'S SIGNATURE	
4107 Wilkins Ave.	
Howard H. Hubbard Funeral Home, Balto. Md. DATE ANG 2 9 '61	

MARYLAND STATE DEPARTMENT OF HEALTH

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16/23/3 16 5/85/3 ACD/3

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Howard Hanner Former Home, delice, H. Drawell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	CERTIFICATE OF DEATH	
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1	X	/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	APVIAND
	1	4	8805 CERTIFICATE OF DEATH	08799
s after funeral should			PLACE OF DEATH c. COUNTY 2. USUAL RESIDENCE (Where decessed lived, If Institution c. STATE b. COUNTY	1: Residenca before edmission)
hour hour	M)		b. CITY OR TOWN (if outside corporate limits, write RURAL Tile RURAL and give neerest rown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL	end give neerest town)
ed in by ges 1 a		6	satonsville Baltimore	3 VOI 4
withi	090	ار	Shaly hook Bursing Home 2827 Harlem a	ON A FARM? YES NO
poletel papers			NAME OF DECEASED (1/290 or print) A DATE Month OF OF DECEASED (1/290 or print)	Dey Yeer 5 6 / 19
bon le exe		Se	6. COLOR OR PACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In Africa) Months	
an ar e car /e car /ent,		10e	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 REPTHE ACE (County & Stelle, or foreign country) 12.	CITIZEN OF WHAT COUNTRY
hysici removement			Mone most of working life, even if retired) none Balto, ma u	i.S.a.
ding palease	(I)	13.	EATHER SNAME CARTLES Bookler Carrie Genkler	
the dattend hen p		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Address of unknown) (Ifyesgivewerordelesofservice)	Santage S
an. y the nit. T			18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETY EEN ONSET AND SEATH
quires ysicii ed by t perr t perr			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCAVAIUL INSUFFICIENCY	1140
aw re ing pl n sign transi			Conditions, if eny, which (b) arterios claretic cardy vascular aliacase	7
The lastend is bee burial.			geve rise to immediate cause (e), stating the underlying DUE TO	
AN: al or a ate he s the		N O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(e) 19. WAS AUTOPSY PERFORMED?
ospita ertific use a	0	FICATION	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.)	YES NO
PHY the h this o		L CERTIFI	OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Per		MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)	County) (State)
retain FOR: be do	19	_	21. I certify that (I) (this hospital) attended the deceased from JULY 13., 1%C. to LLUC, 15.,	1961, that (I) (we) last
R AT ny be REC' hould			saw the deceased alive on Cling	22b. DATE
the 3s			22c. PHYSICIAN'S ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR DIRECTOR PHYS. DIRECTOR DIR	aug 16 1961
NERA I, pag	1		NAME (Type) George A. Knipp,/N. D. 4116 Edmondson Ave., Belt	o Md.
HOSP eath. Frun. Frun.	04	236	BURIAL, CREMATION, 23b. DATE THEREON 23c. HAME OF CEMETERY OR CREMATORS 23d. LOCATION (City, town or compound of the compound	
O O O O O	Les .	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	'S SIGNATURE
15M 9/60		1	Vitzle F.W. 41016dmondson a DATE AUG 24'61 arthur	S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH						
	DIVISION OF STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND			
	8897 CERTIFICATE	OF DEATH	(18800)			
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed fived, If institution: Re	sidence before edmission)			
1	Baltmare MARYLAND	o. STATE Mary land b. COUNTY Bald	Lmon-D			
-	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give neeresi lown)			
R	write RURAL and give neerest town) Lunal - Research 2570005	Ruzal- Rosedaho X				
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?			
	7910 Bridge Ave,	7910 Bridge Hve	YES NO			
3.	NAME OF DECEASED A First Middle	Last 4. TATE Month	Day Year			
	(Type or print) Ddy Ddy Ddy an e	Deyk DEATH MUG	4 1961			
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year) IF UNDER 1 Y last birthde Months D	TEAR IF UNDER 24 HRS.			
	Female White WIDOWED DIVORCED	Vec. 29, 1883 72 yrs.				
1Da	USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUST ne during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?			
	Housewi Fe	1210. Manyland	0517			
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
	Henry Cumper and	Margaret Mellner				
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, 17, 20, or unknown) (Ifyesgive war or dates of service)	INFORMANT Address	11 2 11			
	Mo !	gues M. Hudberson 830 S. Eas				
	1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH			
	IMMEDIATE CAUSE (a) COUNTY (Julisten	Judden			
	DUE TO 11 1 12	and t	5411			
	Conditions, if any, which gave rise to immediate cause	alleus	2 100			
	(e), stating the underlying DUE TO	+ 00 1 2/00 /a	L- 1111			
	couse lost. (c) William Still	well cardio lusumai	2 2402			
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?			
CAT			YES NO			
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter neture of injury in Parl I or Part II of item 18.)				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
WEDICAL		LACE OF INJURY (Home, farm, 2Df. (City or town) (Countertry, street, office bldg., etc.)	ty) (State)			
ME	p.m. 19 at work at work	1	-			
	21. I certify that (I) (this hospital) attended the deceased from	MM 196, 10 D 7 196	Ql, that (I) (we) last			
		death occured at J. P.M. from the causes and on the				
	22a. SICH TUBE	ATTENDING MED STAFF	225 DATE SIGNED			
		M.D. PHYS. DIRECTOR PHYS.	0/4/6/			
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS OF G	11/			
		July 0 11	1			
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	1 4 1 11 11	(State)			
	BURIAL 8-8-61 Dacked He	eart Cemetry Baltimore,	7011			

25b. REGISTRAR'S SIGNATURE

Outling S. Krans

REC'D BY REGISTRAR

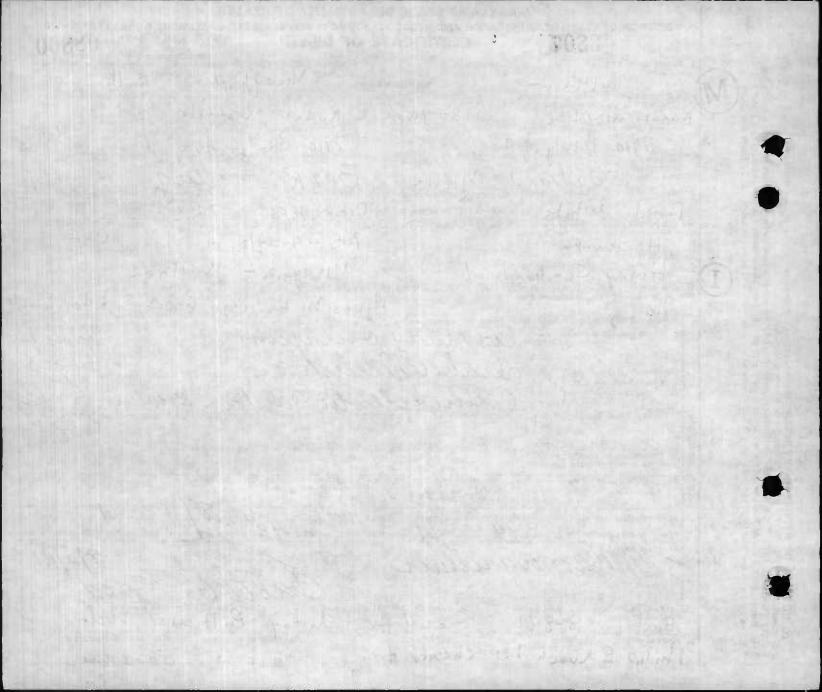
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REMOVAL (Specify) 8-8-(
24 FUNERAL DIRECTOR'S SIGNATURE

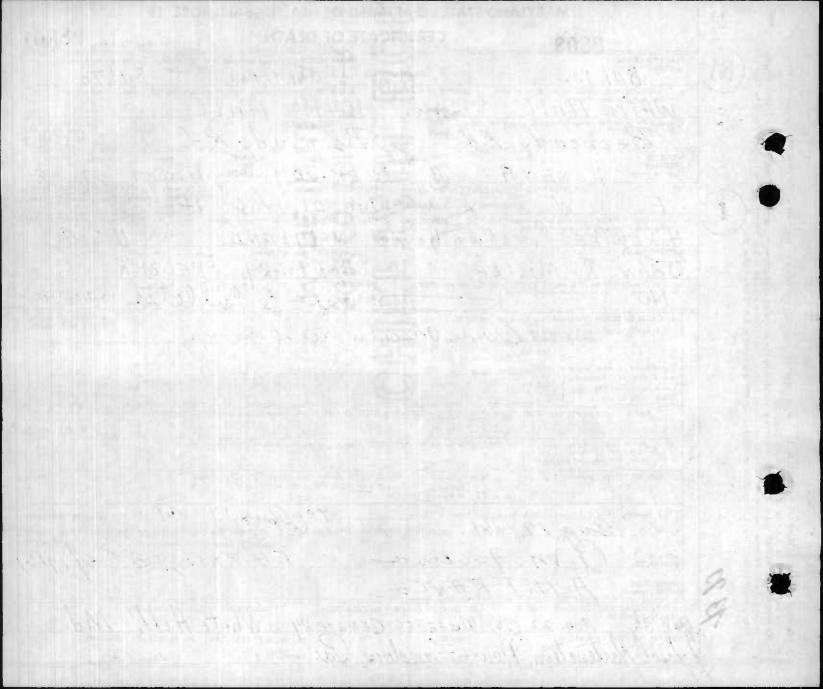
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8809

118802

1. PLACE OF DEATH O. COUNTY BALTIN	10RE MARYLA	o. STATE		lived. If institution b. COUNTY	n: Residence befare a	admission)		
b. CITY OR TOWN (If outside corporol RURAL and give nearest town)	e limits, write c. LENGTH OF STAY IN	1		ate limits, write RU	RAL and give nearest	town)		
D. COUNTY D. CITY OR TOWN [If outside corporate limits, write RURAL and digits entered town] D. CITY OR TOWN [If outside corporate limits, write RURAL and digits entered town] O. NAME OF MOSPITAL [If not in hospitol, give street oddress) C. LENGTH OF STAY IN 1b Pikesville		S RESIDENCE ON A FARM? ES NO						
	OF	OF '						
	THE REAL PROPERTY OF THE PARTY	- 11	3,1901	last birthdoy)	Months Doys H	UNDER 24 HRS.		
during most of working life, even if r Salesman	retired)	Bal	timore, Mar		12.CITIZEN OF W			
			abern .	Addre	255			
(Yes, no, or unknown) (If yes, give wor or do			ude Bernste			Terrac		
+	one couse per line for (a), (b), and (c).]				INTERV	AL BETWEEN		
PART I. DEATH WAS CAUSED	PART I. DEATH WAS CAUSED BY: Q COLO C C COLO C TO COLO COLO COLO COLO							
Conditions, if ony, which)	Conditions, if ony, which) (b) Chr. Carrage breefeesay							
	gove rise to immediate DUE TO							
lying couse lost.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO								
Y 20c. TIME OF INJURY Month, Doy Hour a.m. p. m.	While _ Not while _	De. PLACE OF INJURY (H factory, street, affice	ome, farm, bldg., etc.)	or town)	(County)	(Stote)		
sow the deceased alive on Delle 39 1961, and that death accurred at 67 M, from the causes and on the date stated above.								
DiBernail	2. Cop	M.D. PHYS.	DIRECTOR [STAFF PHYS.	14/61	22b. DATE SIGNED		
NAME (Type)		22d. ADDRE	ol St P	and of	treet			
REMOVAL (Specify)	(C) Cla 2 la A					(State)		
	OI.		25a. REC'D BY REGISTI		TRAR'S SIGNATURE			
			DATE AUG 8 '6		Chur S. Phane			
Total Bevilleon & Br	os. inc. 6010 Reist	Road	DATE					

PARTH MINOR WHAT THE OWNER WAS IN THE TANK TO A STATE OF THE STA The frequency of the terroral concerns to the contract of the

Miled in by the funeral . Pages 1 and 2 should within 24 hours after death. Let 4 may be retained the hospital or attending physician.

TO FUNEREL DIRECTOR: The retrificate has been signed by the attending physician a complete filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

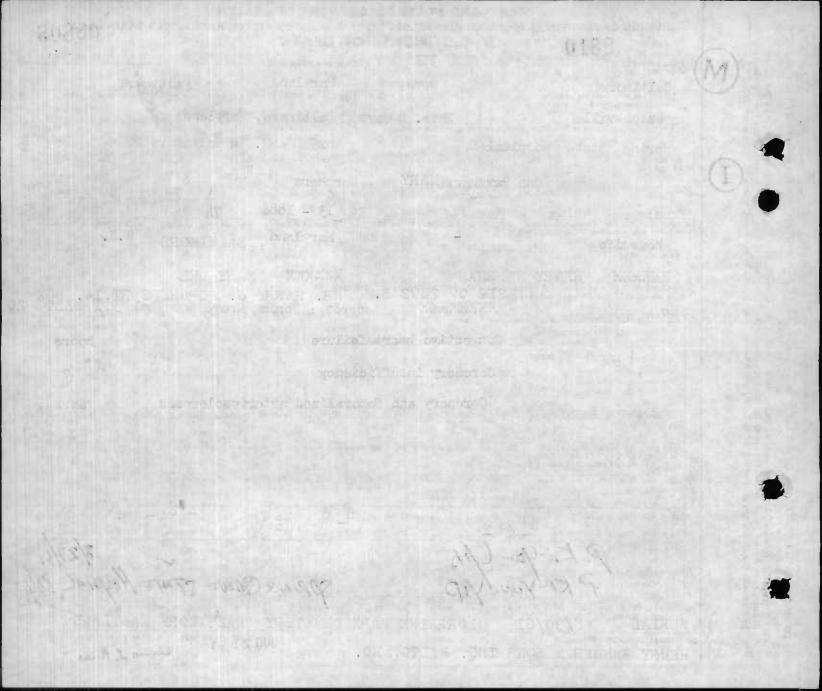
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDS 13

CERTIFICATE OF DEATH

00.3.0							
PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	ICE (Where dece	b. COUNTY	ution: Residenc	e before admission)	
Baltimore	MARYLAND	Maryland	d	Baltin	ore		
	LENGTH OF STAY IN 16	C. CITY OR TOWN	(If outside corpora			nearast town)	
Catonsville	2Mts. 2Oday	Reltimo	re, Mary	and			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,		d. STREET ADDRESS				. IS RESIDENCE	
Spring State Hospital			RT. I4 Ba			YES NO	
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day	Yaar	
(Type or print) Edna Boreke	XSXMARY	Borchers	DEATH	8	26	19 6I	
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. 4	GE (In years IF U		IF UNDER 24 HRS.	
Female White WIDOWED	DIVORCED	T2 13 - 188	86 71	yrs. Mo	nths Days	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND C	OF BUSINESS OR INDUSTRY	and the same of th	nty & State, or lor	eign country)	12. CITIZEN OF	F WHAT COUNTRY	
done during most of working life, even if retired)	-	Maryland	d RATT	IMORE	U.S.		
houswife 13. FATHER'S NAME		14. MOTHER'S MAIDEN		LHOIL			
XXXXXX HENRY WEHRMAN	J	M INDIANASADO	MARY	TIHT.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 46 SOC	77 SE 28 972 B. 11	VFORMANT TIA		ORCHERS	ד מת ז	le DOM	
VVVZ	R37373737			77	2 577	TEAPPE 2	
18. CAUSE OF DEATH [Enter only one cause per line for		cords : Spr	ing Grove	a mosbros	· 1 INTI	ERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY					ON	ONSET AND DEATH	
IMMEDIATE CAUSE (a) Congestive heart failure						hours	
H20 DUE TO							
Conditions, Many, which Coronary insufficiency						?	
gave rise to immediata cause (a), stating the underlying DUE TO							
cause last. Coronary and Generalized arteriosclerosis						vears	
JATA					,	PERFORMED?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CHITHER, NOTIFY MEDICAL EXAMINER	HOW INJURY OCCURED.	(Enter nature of injury in	Part I or Pert II of	item 18.)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	RY OCCURRED 20a. PLAC	E OF INJURY (Home, far	m, ! 20f. (City or	town	(County)	(Slala)	
0		ry, street, office bldg., et		104117	(0001117)	(0,0,0)	
	at work		1	100	67		
21. I certify that (this hospital) attended	the deceased from	6 6	, 19.0 J, to	8 20 -	, 19, 11	hat (I) (we) las	
saw the deceased alive on 0 20 01	19, and that	death occured at.	A from t	he causes and	on the da	ate stated above	
22a. SIGNATURE DE L		ATTENDING	1450	CTAFF		22b. DATE	
P. Li -your GI	M.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		8/27/GIGNED	
22c. PHYSICIAN'S DE		22d. ADDRESS		-	11.0	1 214	
NAME (Type) P. KI-YUN VI	D	SPRING	& GROVE	- (6) 415	-105/11	MY BALTE	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c	. NAME OF CEMETERY C	R CREMATORY	23d. LOCATI	ON (City, town o	r county)	(Stata) 12	
REMOVAL (Specify)	ORBAINE PAR				MARYLA	ND	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RE		1	RAR'S SIGNAT		
HENRY SANDER & SONS INC.	BALTO, MI		MG,542,812	Quil	hur S. the		
LEMUT DAMARI & COMP TMO.	TITLE OF THE	• DATE			a. The	AAA	



881STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			08	2014	
County Baltimore			Registration Dist. No.	00%	
Village or City Towson (26)	lly Hill	Menor Russe	y Hone - 531 flerenson Less - your 4 St.	Ward	
Length of residence in city or town where de	eth occurred		death occurred in a hospital or institution, give its NAME instead of street and included. How long In U.S. if of foreign birth?yrsm		
2. FULL NAME CATHERINE	E.M. BE	ENNAN	If U. S. Veteran, specify WAR		
(a) Residence: No. 4904 ALSO		E. me	29 St., Ward. If nonresident give city or town and	State	
PERSONAL AND STATISTIC	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. 5EX 4. COLOR OR RACE W.	5. SINGLE, MAR OR DIVORCE Singl	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH AUGUST 12.1961. (Month) (Day)	., 193 6 1	
5a. If marriad, widowed, or divorced HUSBAND of					
(or) WIFE of Single			JUNE 1 1959 19 to AUGUST 12		
6. DATE OF BIRTH (month, day, and year) J8	an.24.1	878	I last saw h.er. aliva on AUGUST 12 161		
7. AGE Yaars Months	Days	If LESS than	to have occurred on the date stated above, at 40. Am.		
83		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:	19	
8 Trada profession or particular		CARCINOMIA OF SIGMOID FLEXURE	JUNE 1		
kind of work done, as SPINNER, AS SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL FINE I SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month) and	rson Dr	me do.	CHRONIC MYOCARDITIS	1959.	
work was done, as SILK MILL EME I SAW MILL, BANK, etc		ima (years)	ARTERIOR SCLEROSIS	1959.	
this occupation (month and	spe	nt in this	METASSIS.	1960	
12. BIRTHPLACE (city or town) Balto.	Mg .		Other Contributory Causes of Importanca:		
(State or country)	W.T. ¥				
# 13. NAME Thomas Brent	nan				
14. BIRTHPLACE (city or town) (State or country)		0	Name of operation_RESCETION-COLON-DATON What test confirmed diagnosis?MISCROSCOPE, Was there an	The second secon	
15. MAIDEN NAME Margaret M	Mitchel	.1	23. If daath was dua to axternal causes (VIOLENCE) fill in elso tha followin		
15. MAIDEN NAME Margaret N 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury		
17. INFORMANT Mrs John P. Ryan (Address) Cambridge Arms Apt.			Whara did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral	Date 8/16		Menner of Injury		
19. UNDERTAKER Witzke F.B. 47	101 Edn	ondson A	West. Was disease or Injury In any way related to occupation of deceased?		
20. FILED 19 arthury 2.	trans	Registrar	(Signad) (MMM) Olaute (Addrass) 3013 SAINT PAUL STRE	M.D.	

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

08805

	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALL
8812	CERTIFICATE OF DEATH

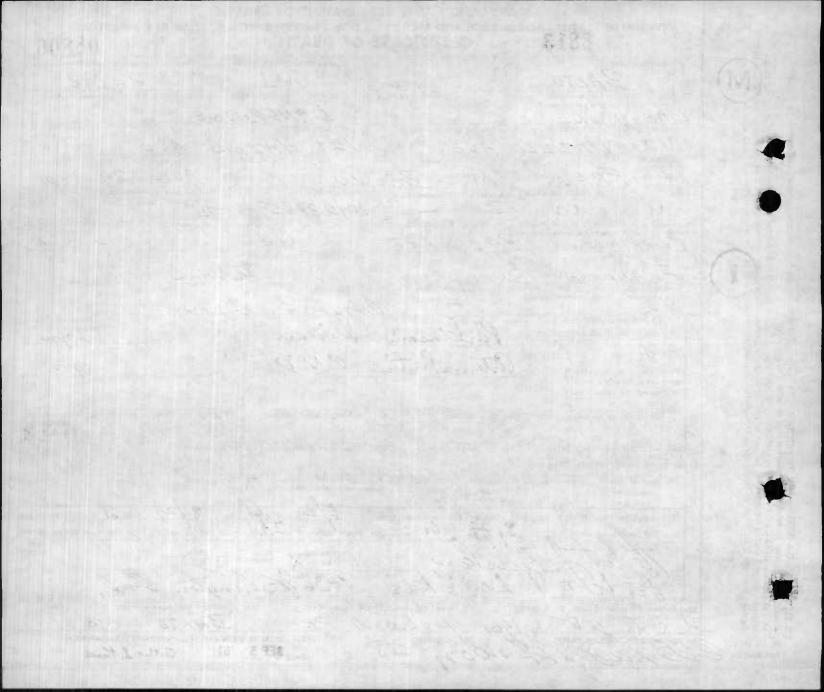
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND 2. USUAL RESIDEN	NCE (Where deceased lived. If institution: Residence b. COUNTY BALTIN	pefore admission		
RURAL and give nearest town) Mt. Wilson, Maryland	WEEKS. PIKES				
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Mt. Wilson State Hospital	MOUNT L	.15 // 1	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF First	Middle Lost ELMO BROOKS	4. DATE Manth	Day Year 3 196/		
	B. DATE OF BIRTH		EAR IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) LAIBOR E. 13. FATHER'S NAME	PLACTION VIRE	sivia U.	SA		
LEONARD BROOKS	NAN,	70			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes. no. or unknown) (If yes. give wor or dates of service) (Yes. no. or unknown) (22.3 - 1)	18-0200	Address ecords. Mt. Wilson State	Hospital		
18. CAUSE OF DEATH [Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	(b), and (c).] BRAL INFARCT	IN RIGHT CERESRIA	INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gove rise to immediate cause (o), stating the under-lying cause lost. (b) PILLMONARY TUBERCULOSIS ACTIVE					
(c) 1					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED. (Enter noture of in	ijury in Part 1 or Port II of item 18.)			
	CCURRED 20e. PLACE OF INJURY (Har factory, street, office bl	me, form, 20f. (City or town) (Couldg., etc.)	nty) (State)		
21. I certify that (I) (this haspital) attended the deceased fram					
22c. PHYSICIAN'S	M.D. ATTENDING PHYS. [MED. STAFF PHYS.	22b. DATE SIGNED 8/3/6		
NAME (Type)		lson State Hospital, Mt.	Wilson, Md.		
REMOVAL (Specify) 8-3-6/	AME OF CEMETERY OR CREMATORY	123d. LOCATION/Gry, town, or county)	(State)		
Broday Fundad Home	(1)	So. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNA	ATUKE /		

Entracet (Town 11/18/45 AM Gustes. Pinesi, Le Meins Wissen LAGE ELMO BROCKS AGENST EAMETT June 19 1913 48 MALE WHITE LANCRER CONTRACTION VREINING ARLAY BROCKS Loring Breeks 123-18-9207 AND THE RESIDENCE OF A SAME PARTY OF THE PAR 6/19 12:5- 8/3 61 8/3 6/ 3/6/ State of the other commence of the state of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1881)

н	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Resi	idance bafora admission)
	e. COUNTY BALTO. MARYLAND	e. STATE M. b. COUNTY RA	170
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and g	ive nearast town)
	write RURAL end give nearest town)	X LANSPOWNE	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE
	121 HATEL AUE.	121 HADEL AUF.	ON A FARM?
	3. NAME OF First Middle	Last 4. DATE Month	Day Yeer
	DECEASED	OF ALL 2	a 10/2/
	MAN MAN	DEATH 70 C. L. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	AR IF UNDER 24 HRS.
		in In a low last birthday) Months De	
9	WIDOWED BHYORCED	10/23/85 75 yrs.	N OF WHAT COUNTRY
-	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
	BLACKSMITH STO RET.	Md.	U.S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	FRANK A. BROWN	LUALL	
	15. WAS DECEASED EVER IN U.S. ARMED FÓRCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) (Ifyasgive war ordatas of sarvica)	INFORMANT Address	
	No - A	Anes 4. Brown	
	18. CAUSE OF DEATH [Enter only one cause per tine for (6), (b), and (c).]		INTERVAL BETWEEN ONSES AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Parkinsons	Listose	2 yrs
	4) I DUETO AL, DA	0.00	
	Conditions, if any, which ? (b) Chlerioschrotic	CVD	gus
	geve rise to immediale cause		
	(e), stelling the underlying		
	(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	ОП		YES NO D
	200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of item 18.)	112 11 110
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. Iziner maters of major, in real volves and or main test,	
	O I	(County) (County) (County) (County) (County)	(State)
	Hour e.m. While Not While rect	ory, street, office order, etc.)	
	21. I certify that (I) (this hospital) attended the deceased from.	6/2 100/, to 8/29 19.6	, that (I) (we) last
	2/20	death occured a 2.1.M. from the causes and on the	
	228. SERVATURE A A A		22b. DATE
		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
1	22C. PHYS/CIAN'S	22d, ADDRESS NO 1 1 1	1
	HENORT J. Levic Kas	7406 Maskungton Dud	/
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Steta)
	PREMOVAL (Specify) 5-87. 1, 1961 LOUDS	11 PK. BAKTO.	US.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
-	My 211/ 1800 28	DATE SEP 5 '61 Carthur S. +	
	- july of the	DAIR	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNDABL DIRECTOR:

If this certificate has been signed by the attending physician and omplete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carron papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

П	Old Items 6. 8. & 14 Film G293 8/22	761 mh
ΔI		ENCE (Where deceesed lived, If institution: Residence before edmission)
1	BOLLIN OF CO MARYLAND 8. STATE M.	d b. COUNTY BOLL: MIND
ľ		(N // outside correcte limits write PUDA) and size record town
1	write BURAL and give nearest town)	(N (If outside corporate limits, write RÜRAL end giva neerest town)
	Jarr; son 5 mo. 1.3905	Durley LANE
	d. NAMOOF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	a. IS RESIDENCE
	Foxleigh Narsing Home. 1	Baltimore YES NO 12
	3. NAME OF DECEASED Middle Last	4. DATE Month Day Year
	(Type or print) Brown , William	OF DEATH GLAS 16 1961
	5. SEX 6. COLDE CE RACE 7. MARRIED NEVER MARRIED 8. DAN OF BIRTH	1877 9. AGE (In yeers IF UNDER I YEAR IF UNDER 24 HRS.
1	M Sewish WIDOWED DIVORCED 17 Sept 20	last birthday Months Days Hours Min.
	10a, USUAL OCCUPATION (Give kind of work 10h KIND OF RUSINESS OF INDUSTRY 11 APPLIES ACE	county & Slate, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	4. 110 SA
ŀ	13. FATHER'S NAME	n
7	13. FATHER'S NAME	EN NAME
	Mendel Wrown Igen	Lamin Unknown
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. NFORMANT (Yes, no, or unknown) (Ifyes give war or dates of service)	Address
	Percal U	track - April
1	18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), end (c).]	I INTERVAL BETWEEN
4	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1	IMMEDIATE CAUSE (e) Deneral & Cerebral	arsenous upo
4	DUE TO	
	Conditions, if eny, which (b)	
1	gave rise to immediate causa	
-	(e), stating the underlying DUE TO	
-1		
H	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	[3]	YES NO
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATI	in Part I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home,	farm, 20f. (City or town) (County) (Stete)
1	Hour a.m. While Not While factory, street, office bldg.,	
	p.m. 19 at work et work	
	21. I certify that (I) (this hospital) attended the deceased from	., 19 to 8/16/61 , 19 that (I) (we) last
	110 /1	
1	22e. SIGNATURE ATTENDING	MED. STAFF 22b. DATE SIGNED
1	metro Skin 5 m ATTENDING PHYS.	DIRECTOR PHYS.
	22c. PHYSICIAN'S 22d. ADDRESS	Q 1 - O2 - 81-11
	NAME (Type)	ettan (xael 11/6)
	238. JURIAL, CREMATION, 236. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
1	Giral 8-17-61 Shaarer Teloh	- Halto Ma
1	24 FUNERAL DIRECTOR'S SIGNATURE DODRESS 250.	REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Jack Levis one 2100 Eutoro Maco	AUG 18'61 arthur S. Kraud
1	DATE.	

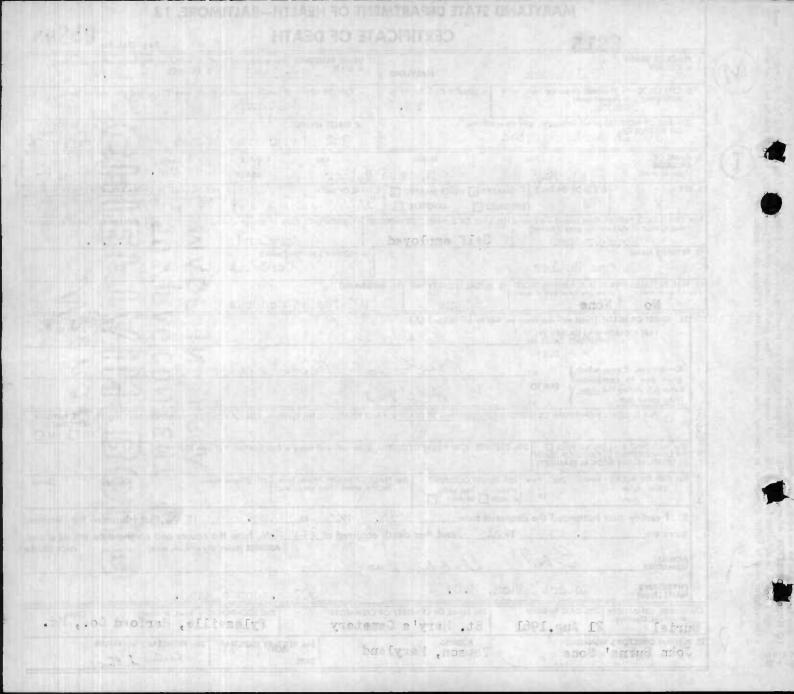
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BALL STANDED STANDED TO RECEIVE 2 31 Eng The when it Lead of the same In Entwicked Struct 8-17-61 Shaares Theble Charte Mich Helek Lewis the 2100 Excluse 1 Roses and 11 31 Cus Steel

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MARYLAND STATE DEPARTMENT OF	HEALTH-BALTIMORE, 1	8
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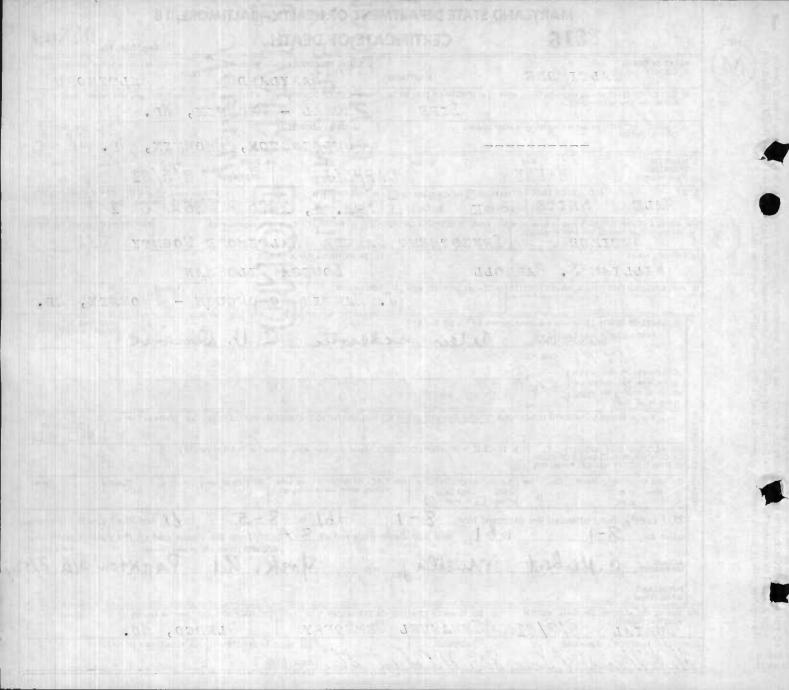
	8815		CER	TIFIC	ATE OF D	DEATH	1		Reg. Dist	. No.	808
1. PLACE OF DEATH o. COUNTY	Baltimore	9	м	ARYLAND	2. USUAL RESI	DENCE (Wh Mary		ved. If instituti b. COUNTY			mission)
RURAL and give	I (If autside carporate lim nearest tawn) ISON	its, write	c. LENGTH OF S	TAY IN 16	c. CITY OR	_	utside carporat timore	e limits, write R	URAL and gi	ive nearest 1	own)
d. NAME OF HOSE	PITAL (If not in hospital, of Aaris Hospital)	ive street	oddress)		d. STREET A		r Arms	Avenue		0	RESIDENCE N A FARM? NO T
3. NAME OF DECEASED (Type or print)	Fi May	rst		ddle neresa	ı Butler	it.	4. DATE OF DEATH	Mor Al	ith	18	Year 19 61
S. SEX	6. COLOR OR RACE	7. MARE		RCED	8. DATE OF BIRT		9.	AGE (In years last birthday) yrs.		YEAR IF U	NDER 24 HRS. urs Min.
during most of w	TION (Give kind of work orking life, even if retired usekeeper	done 10b.	Self emp		STRY 11. BIRTHPL		or foreign coun yland	try)		S.A.	HAT COUNTRY
13. FATHER'S NAME Th	omas Butler				14. MOTHER'S			Streett	,		
1S. WAS DECEASED E	VER IN U. S. ARMED FOR Iff yes, give wor or dates of None		social security None	NO. 17.	Admiss	sion R	ecords	bbA	ress		
	immediate))	ne far (o), (b), and	nein.	men de	Verk	reis	•		INTERVAL ONSET A	L BETWEEN ND DEATH
COUSE (a), stating lying cause los PART II. O	the under. Due to	:)	A.	5CV	NOT RELATED TO) THE TERMI	NAL DISEASE C	ONDITION GIV	/EN IN PART	PE	AS AUTOPSY RFORMED?
	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	Y OCCURRE	D. (Enter nature a	if injury in f	Port I or Port II	af item 18.)			
20c. TIME OF INJU Hour o. m p. m	1.	ar 20d. II While of war	NJURY OCCURRED Not while t of work	fo	ACE OF INJURY (ictory, street, office	Home, form bldg., etc.	, 20f. (City or	town)	(Ca	ounty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Robert :	Mahon	M.D.	hat death	occurred at	2:10F	ADDRESS (Stree	he causes of the	and on the store)	e date st	dated above
23. FUNERAL DIRECTO	OR'S SIGNATURE	1	ADDRESS Towson,		110000	24a. RECT	AY SEGISTRA	_	STRAR'S SIGI		



8815 CERTIFICATE OF DEATH Rea. Dist. No. be filed with 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY BALTIMORE b. COUNTY MARYLAND BALTIMORE uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] RURAL and give nearest town) - PHOENIX. LIFE shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON THE FARM? DUDDINGTON. YES NO \$77 PM NR CON COL CON CON CON CON CON NAME OF First Middle 4. DATE Yeor DECEASED OF DEATH CARROLL (Type or print) 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bigthday) WIDOWED IN DIVORCED NOa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY death. during most of working life, even if retired) INVESTMENT KETIRED RANKER BALTIMORE 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME CARROLL LOUISA TILGHMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) J. MARTIN McDonough - PHOENIX. MD. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony Conditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work X-5 1961, that I lost saw the deceosed 21. I certify that I ottended the deceased from and that death occurred at 8 A. M. from the couses and on the date stated above. ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify) CEMETERY IMMANUEL GLENCO FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE ALLG 15M 10/57

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) e. COUNTY necessary, ector. Page files. Health, e. STATE b. COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) director. write RURAL end give nearest town) your 8 Bal timore Baltimore . 52 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddrass) for d. STREET ADDRESS Boar ANN 0 1815 1419 refained State death. NAME OF Middle Last DATE Month DECEASED OF the (Typa or print) DEATH JOSEPH GEORGE CARIISO August pe with 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | 7. MARRIED NEVER MARRIED s 1, 2, av age 5 may 1 and 2 will 72 hours a may last birthday) Male White WIDOWED DIVORCED IER: This certificate should be executed within 24 hours after 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRIHPLACE (State or foreign country) in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page burial-transit permit. File pages 1 an loval, and in any event within 72 dona during most of working life, avan if ratirad) Hecountan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ran 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | INFORMANT Address (Yes, po, or unkown) | (Ifyes give wer or detas of sarvice) 440 Makia B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease. IMMEDIATE CAUSE (e) Office DUE TO removal, burial Conditions, if any, which (b) d "pending" i gave rise to immediate cause DUE TO (a), stating the undarlying 6 cause lest. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION ing the word 'ief Medical Ex 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | the C. Page 3. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) fectory, streat, offica bldg., atc.) While Not Whila Hour e.m. lease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: Pris designated agent, prior prior at work et work n.m 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry MEDICAL Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. Add NAME (Typa) Address (Straet, city, town, or county) DET 9989 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. AOCATION (City, town, or country) REMOVAL (Spacify) ö OI Q40 JRIa 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. AISME arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

Baltimore

Dey

Days

Months

. IS RESIDENCE

YES NO

19 61

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

1944

(County)

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? X

NO F

(Stata)

and in my opinion

DATE SIGNED

(State)

8/3/61

Year

ON A FARM?

5M 9/60

19-27-5519 described Lea Brown Like All Wallington Cold THIS HILLS WE STREET atility of assert a minerotonio o themateso tretta a es-6/3/63 Charles C. Letty, M. C. Letty D. C. Control of the Control of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8818 CERTIFICATE OF DEATH

Reg. Dist. No. 115811

1	1. PLACE OF DEATH O. COUNTY OF THE MARYLAND 2. USUA O. ST.	AL RESIDENCE (Where deceased lived. If institution; Residence before admission) ATE: B. COUNTY Palto Cu
1	RURAL and give nearest town) Kindsetille 88485	TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If nat in hospital, give street oddress) OR INSTITUTION	REET ADDRESS e. IS RESIDENCE ON A EARM? YES NO
	3. NAME OF DECEASED Walter Johnson C	Lapmandeath aug 13 th Day Year 196/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF WIDOWED DIVORCED OF OCC	122,1873 Sylves Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. Eduring most of working life, even if retired)	Engsville md US
	Jonathan & Charman / Ca	Therie Elizabeth Sauer
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN IVes no. or unknown) (If yes, give wor by dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMAN MAIN CONTRACTOR OF THE SECURITY NO. 17. INFORMAN MAIN	Charlotte M Gladlen Krugsgiff
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) NOVE 5 TIVE	eart Fallure Interval Between onset and Death
	Conditions, if any, which) DUE TO Hypertnophy	of Prostate St. 15 grs
	gove rise to immediate code (a), stating the underlying cause last. (c) The To and the underlying cause last.	Afection 240.
	Barr II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA Basal a Halp Strawy	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? A Whated Temoral Hericayes I NO I
н	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter n OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	sture of injury in Port I or Port II of item 18.)
		UURY (Home, farm, 20f. (City or town) (County) (State)
	21. I certify that I attended the deceased from 1. alive an 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ad at 2 35 M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED
	PHYSICIAN'S NAME (Type) CLIFFORD F.	FUDSON
	220. BURIAL, GREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMAT	ORY 22d. LOCATION (City, town, or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRÉSS ADDRÉSS ADDRÉSS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

the funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 D FUNER PORECTOR: After the strifficate has been signed by the ottending physician and compage 3 should be detached far as the buriol-transit permit. Then please remove carban pape the registror prior to buriol, cremation, or removal, and in any event within 72 hours ofter death. TO FUNER

VS A15 (4 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2210 il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should 2201 18N5U d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO NAME OF First Middle Lost 4. DATE Month Yeor OF DEATH (Type or print) 195 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH Months Doys WIDOWED 1 DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME 1 COK IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not while of work of work to aux 21. I certify that I attended the deceased fram assessor 196 that I last saw the deceased , and that death accurred at 2: 45 AM, from the causes and an the date stated above. alive an DIRECTOR ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL shauld PHYSICIAN'S NAME (Type) 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR VS A1S (4) arthur & France 11'61 DATE AUG

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		allow).		
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	evaluate also official			
	. 17	TENT THE		bearoad

FOR STATE TO DE IX MEDICAL EX NER: This certificate should be executed within 24 hours after wh. If any leay is necessary, please execute the certificate fing the word "pending" in pendi in Item 18. Give Pages 1, 2, 10 the therefore Item of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death. 简 IY MEDICAL

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)								
Baltimore	New Jersey b. COUNTY								
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)									
Baltimore	Oaklyn! 67x-3								
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE								
8200 Pulaski Highway	118 E. Holly Street (6)								
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year								
(Type or print) HARRY A.	COADY DEATH 8 18 1961								
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
Male White WIDOWED DIVORCED	Sept. 29, 1905 Iast birthday) Months Days Hours Min.								
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)									
Salesman Joseph Dixon Co.	Philadelphia, Penna. U.S.A.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Henry Coady	Lillian Auchenlic								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	***************************************								
(Yes, no, or unkown) (Ifyesgivawarordetesofservica)	Uaklyn, N. J.								
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	rs. Margaret T. Coady 118 E. Holly Ave.								
DART I DEATH WAS CALISED BY	cardiovascular disease								
DUE TO									
Conditions, if any, which (b)									
gave rise to immediata cause									
(a), steting the underlying cause lest.	(a), steting the underlying DUE TO								
(0)	(V)								
OF THE PROPERTY OF THE PROPERT	PERFORMED?								
208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED	YES NO (Enter natura of injury in Pert I or Part II of item 18.)								
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Canada inside of injusy in vent for rate in or main to.)								
	LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)								
Hour a.m. P.m. While Not While st work et work	story, show, ornes brogs, stery								
21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection X, Inquiry , and in my opinion								
death resulted from: Natural causes , Accident , Su	icide , Homicide , Undetermined manner								
1.1=	CHIEF MEDICAL EXAMINER								
ACTUAL /////	ACCISTANT MEDICAL EVAMINED TO DETE SIGNED								
SIGNATURE OF COLONIA CONTROL OF COLONIA CONTROL OF COLONIA COL	M.D.								
EXAMINER'S NAME (Type) William W. Lovitt. J. M.D.									
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	Addrass (Street, city, fown, or county) OR CREMATORY 22d. LOCATION (City, town, or country) (State)								
REMOVAL (Specify) 1 _									
Durial									
23. FUNERAL DIRECTOR ADDRESS									
Lilly & Zeiler Inc., 1901 Eastern Ave	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE								

Water Ties . 3 BIT and the control of th LOW IN COUNTY THE PROPERTY OF THE SEE SEASON OF CONTROL OF tones were the land tone in the land tone of the former MARK BUREAU LINE. LANGE PARKETS AVE.

after death. Page 4 the funeral directar, should be filed with

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be fined by the haspital strending physician.

O FUNERAC DIRECTOR: After the string cape has been signed by the attending physician and camp filled to page 3 should be detached for use, as the burial-transit permit. Then please remave carbon papers ages 1 and 2 the State Board of Health prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

TO HOSPITAL OF MAY BE IN

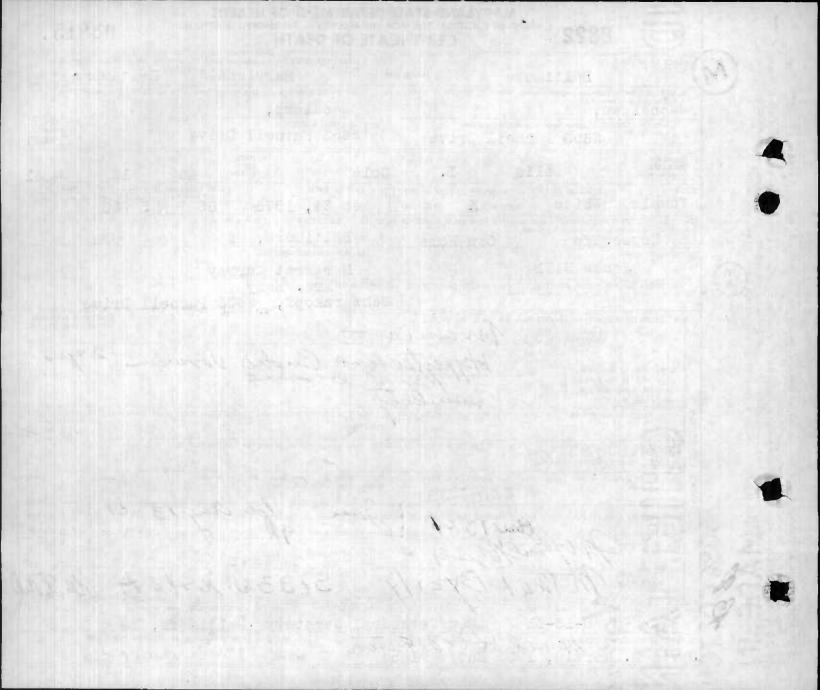
VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

118815

a. COU		Baltim			YLAND	2. USUAL RESIDENCE o. STATE	(Where decease Marylar	L COUNTY	on: Residence Balt			on)
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) WOODLAWN, Md						c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Woodlawn						
d. NAN		TAL (If not in hospitol, 2653 Pu	-			d. STREET ADDRES	SS	Drive		e.	IS RESI ON A YES	FARM?
3. NAME O	ED	Del	irst ia	I.	-	lost	4. DATE OF DEATH	Mon	th 1:	Day		eor 9 6:
s. sex Fem	ale	6. color or rac		RRIED NEVER MARE		Feb 24,	1876	9. AGE (In years lost birthday) 85 yrs.	Manths 5		F UNDE Haurs	R 24 HR: Min.
during	House Y'S NAME	rking life, even if retire	ed)	o. KIND OF BUSINESS OWN Home	OR INDUS	Baltimo	ore, Mo	i .	12. CITIZ	JSA	WHATC	DUNTRY
IS. WAS D (Yes, no, or u	ECEASED EV		ORCES? 10 f service)	5. SOCIAL SECURITY N		Margare FORMANT Mrs. hwarzkopi	Mary	Addi 33 Purne		rive	9	
	the Land	ATH WAS CAUSED BY IMMEDIATE CAUSE DUE 1	(a)	Hypert	ent	ive Can	edio.	Vorus	lon	2	Z	- Paris
cause	(a), stating couse last		(c)	Soul	ile	DUP	****					
NO lying	PART II. OT	the under. DUE	(c)			NOT RELATED TO THE T			/EN IN PART		. WAS A PERFO	RMED?
Cause lying 20a. A OR CC	PART II. OT	THE UNDERLYING SO CAUSE OF DEAT	(c)	ESCRIBE HOW INJURY	OCCURRED	NOT RELATED TO THE TO. (Enter noture of injur.). (Enter noture of injur.). (CE OF INJURY (Home, tory, street, office bldg.)	y in Part 1 or Po	rt II of item 1B.)			PERFO	RMED?
Cause lying NOIL 200. A NOIL 200. TI Saw 220. S	PART II. OT CCIDENT W DNTRIBUTINN HER, NOTIF ME OF INJU Hour a.m. p. m. certify th	AS UNDERLYING GOLD CAUSE OF DEAT MEDICAL EXAMINER RY Month, Day,	(c)	INJURY OCCURRED Not while ark of wark of orwark	20e. PLA for). (Enter noture of injur	form, 20f. (Cit	y or tawn) Aug 1: the Jauses an	(C	(aunty)	YES T	(Sta



MARYLAND STATE DEPARTMENT OF HEALTH

	MARIEMIND SIMIL DEFA	ANIMENT OF HEAL	· · ·
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 3	OI W. PRESTON STREET	, BALTIMORE 1, MARYLAND
8823	CERTIFICATE	OF DEATH	(1881)

1	
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. STATE b. COUNTY
	RYLAND Maryland
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
Fort Howard 3 Days	Baltimore >V 0 1 - 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street ed	ddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	
3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer
DECEASED (Type or print) THOMAS L.	COLLINS OF AUGUST 18 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Colored WIDOWED DIVOR	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	O
Porter Railroad 13. FATHER'S NAME	Casanova, Virginia U.S.A.
10. IATIER S HAME	
John Mann	Mary V. Burner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unkown) (Ifyesgivewerordelesofservice)	Y NO. 17. INFORMANT Address
Yes WW I 226-18-285	Clin.Rec.VAH, Balto.18, Md.Ft. Howard Division
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end	d (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) BILATERAL BRO	ONCHO PNEUMONTA 4 DAYS
XXXXX	MONO I NEORONIA
	INDICAN INDICAN
Conditions, if eny which geve rise to immediate cause	ARTERIOSCLEROSIS UNKNOWN
(e), steting the underlying DUE TO	
ceuse lest. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
TUBERCULOSIS, RIGHT APEX. CYSTITI	IS. YESON NO []
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
	D 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
Hour e.m. While Not While	fectory, street, office bldg., etc.)
21. 1 certify that 1 (this hospital) attended the decea	ased from $8/15/$ $\frac{1961}{2}$, to $8/18/$ $\frac{1}{2}$, that $9/18$, that $9/18$, that $9/18$, and that death occurred $1/18$, from the causes and on the date stated above
saw the deceased alive on 8/18/ 19.61	, and that death occurred at
22e. SIGNATURE	22b. DATE
Charles E. Kowan	ATTENDING MED. STAFF PHYS. THE PHYS. THE STAFF PHYS. THE
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Charles E. Rowan, M.D.	. VAH, BALTO.18, MD. FORT HOWARD DIVISION
	F CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
REMOVAL (Specify) 8-23-61 Politim	ore National Baltimore, Maryland
Birial	ore National Baltimore, Maryland 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE 802 Mac Charles R. Law Funeral Home Balt:	

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \in \text{death}\$ death be a may be retained by the hospital or attending physician.

\[
\frac{\pi}{2} \in \text{TO FUNEXAL DIRECTOR: But this certificate has been signed by the attending physician complete alled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after

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THE COURSE OF STREET STREET

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		8	824		CERTIF	ICATE	OF DEA	ATH			11881	6
1)		COUNTY	TIMOR	7	MARY	rLAND 2	O. STATE	ICE (Where decea	ed lived. If in b. CO	stitution: Residence	True o	
/		CITY OR TOWN (If of RURAL and give neore	ulside corporate limit est town)	s, write c. L	ENGTH OF STAY	IN 1b	K AK	buty	oorote limits, w	rite RURAL and gi		
((d. NAME OF HOSPITAL OR INSTITUTION	Circle	e ve street addre	PUE	1	d. STREET ADD	Circle	= Die	UE	ON	SIDENCE A FARM? NO []
1		NAME OF DECEASED Type or print)	LiLL Firs	iE	Middle	Co	nne Ll	4. DATE OF DEAT	H AY	Month 945T	Doy 18,	Year 196/
×	-	EMALE	white	WIDOWED 2	-	0 3	DATE OF BIRTH	1873	9. AGE (In lost birth		YEAR IF UND Days Hours	ER 24 HRS. Min.
	10a	during most of working	(Give kind of work of life, even if retired)	done 10b. KIND	OF BUSINESS O	Tic	11. BIRTHPLACE	E (State or foreign	country)	12. CITIZ	S, A.	COUNTRY?
	13.	FATHER'S NAME	Inkno	UN			14. MOTHER'S MA	1 1	n w n			
		WAS DECEASED EVER II	N U. S. ARMED FOR res, give war or dales of se Von E	ervice)	IAL SECURITY NO	17. INFO	RMANT LEN DI	ERING	1145	- Circ	LE DI	RIVE
		18. CAUSE OF DEATH	Enter only one co WAS CAUSED BY: AMEDIATE CAUSE (c)	TOI	(o), (b), and (c).	al 7	ascul	ar ac	cid.		INTERVAL B	
	Conditions, if ony, which) (b) Arterio solerotic cardis											1
		gove rise to imm cause (o), stoting the lying cause lost.	under- DUE TO		vas	cul	ar a	reci	re		5	ys
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									n given in part	PERF	AUTOPSY ORMED?	
		20a. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY C	OCCURRED. (Enter noture of in	njury in Port I or P	ort II of item 1	B.}		
	MEDICAL	20c, TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	or 20d, INJUR While of work	Y OCCURRED Not while of work		OF INJURY (Hor y, street, office bl		ity or town)	(C	ounty)	(Stote)
		21. I certify that (attended MAIT			1956 oth accurred of	19 , ta	de	196 s and an the	(, that (1)	
		220. SIGNATURE	ar Ll	Podd	1		ATTENDING PHYS.	MED. DIRECTOR	_ STAFF _	87		2b. DATE SIGNED
1		22c, PHYSICIAN'S NAME (Type)					22d. ADDRESS	0884	Paul	281.		
0	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREO	F 23	C. NAME OF CEM	.1		53	LTIME	own, or county)	yd.	ite)
	24	FUNERAL DIRECTOR'S	GIGNATURE NA	NERAL	APPRESSUE	Com		ANG 91 'E		REGISTRAR'S SIG		

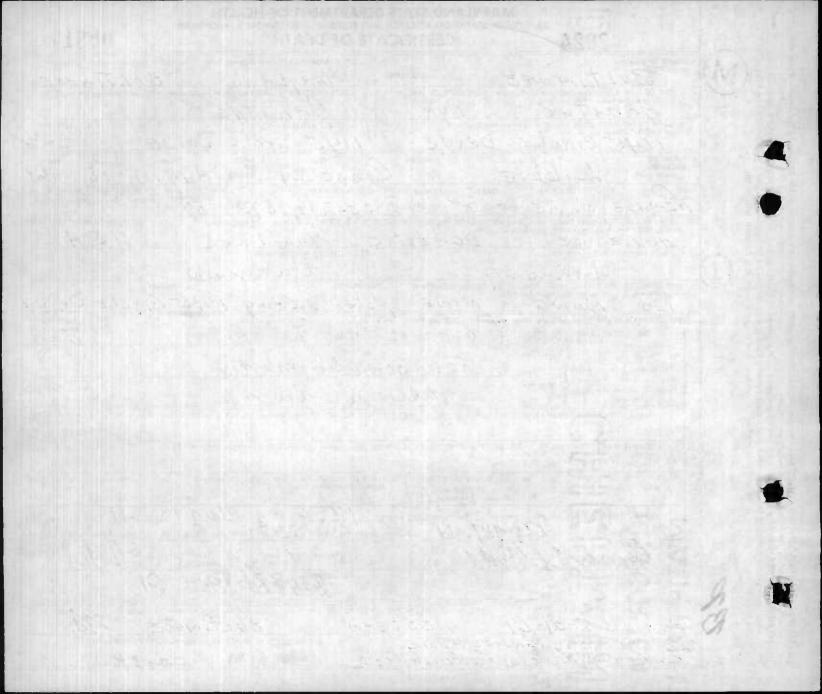
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be may be also be the haspital catending physician.

TO FUNEXAL PIRECTOR: After It certificate has been signed by the attending physician and comments filled may be the divided by the haspital petrificate has been signed by the attending physician and campy filler page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Tages the State Baard at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59

hours after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY b. COUNTY Baltimore Maryland MARYLAND by the b. CITY OR TOWN (if outside corporeta limils, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end-give nearest town) write RURAL end give nearest town) Baltimore Days .⊑ Fort Howard Pages pel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5216 Tramore Avenue Veterans Administration Hospital NO 3 YES | NAME OF 4. DATE Month Yea DECEASED 19 61 August (Type or print) F. CORNECELLI DEATH JOSEPH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | 59 Jast birthday) Months | Days Hours White January 6, Male WIDOWED [DIVORCED T event, 10a. USUAL OCCUPATION (Give kind of work physician remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Chef Restaurant Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊑ attending Christine Gentile pue Michael Cornecelli 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. Clinical Records, VAH, Baltimore 18, Maryland Then (Yes, no, or unkown) | (If yes alve we ror detes of service) FORT HOWARD DIVISION INTERVAL BETWEEN physician, permit. 18. CAUSE OF DEATH [Enter only one causa per line for (e), (b), end (c).] signed by H WAS CAUSED BY: PAPILIARY CARCINOMA OF KIDNEY WITH METASTASES 0 burial-transit prijal, cremation, DUE TO affending Conditions, if eny, which been (b) gava rise to immediata cause DUE TO (e), steting the underlying has cause lest. certificate har r use as the b prior to buria PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY hospital PERFORMED? Operation: 1/30/61 Tumor(papillary carcinoma)Rt. Kidney- Nephrectomy NO X prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of itam 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' (County) (Stete) 20c. TIME OF INJURY Not While fectory, street, office bldg., etc.) While Hour a.m. et work at work may be retaine DIRECTOR: p.m. 1001 to August 8 21. I certify that 25 (this hospital) attended the deceased from May 3. 19.01 that ((we) last .., and that death occurred at.p....M, from the causes and on the date stated above. 1961 plnods saw the deceased alive on August 8 22b. DATE 22e. SIGNATURE ATTENDING 19/61 DIRECTOR PHYS. PHYS. M.D. eth. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN THOMAS F. CRAHAN, M.D. VAH. BAITIMORE 18, MD. FORT HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Dauphin County, Pennsylvania Holy Cross Cemetery 0 Removal ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arilar S. Krans FORUDATE ALIG 11 '61 15M 9/60

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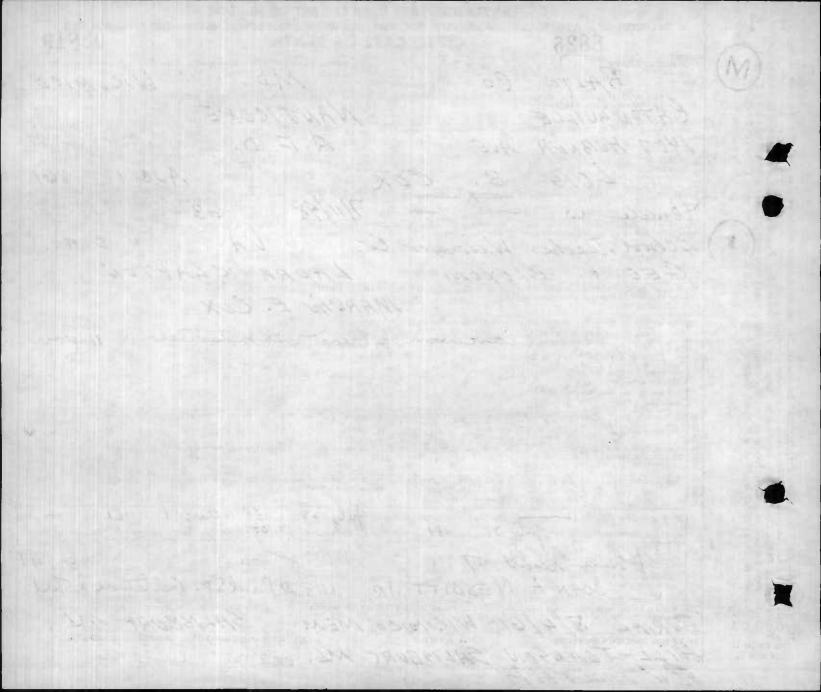
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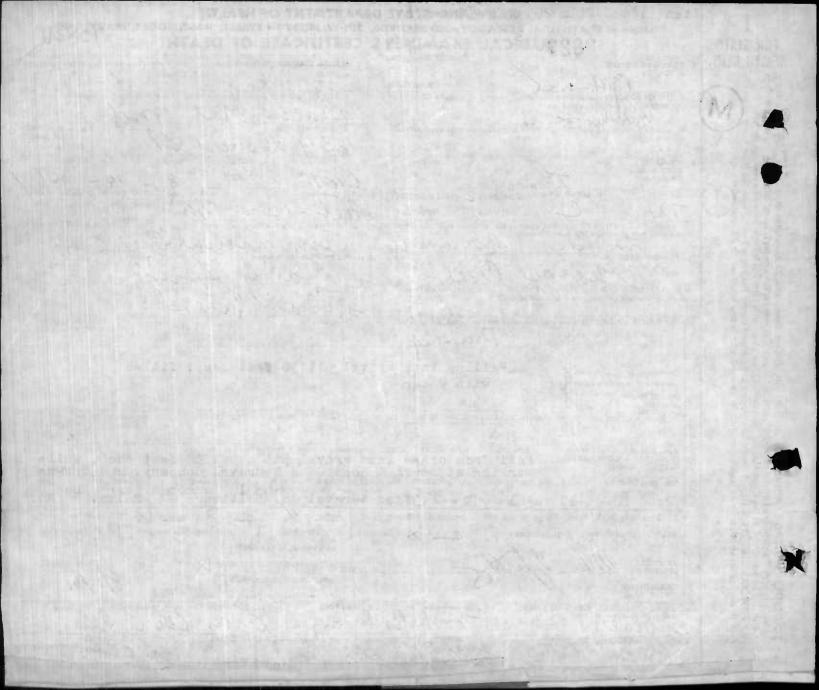
Holy Groun County Demoits County, PetricyCynnik

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1, MARYLAND 8825 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, pue (If outside corporete limits, write RURAL end give neerest town) þ Prite RURAL and give neerest town) .= after Pages pelli d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE hours ON A FARM? YES NO NAME OF Middle paper omplet DECEASED OF (Type or print) DEATH 19 withi 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Hours physician 10a. USUAL OCCUPATION (Give kind of work remove BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired any 14 MOTHER'S MAIDEN NAME please ₹. attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM (Yes, no, or unkown) | (If yes give war or datas of service) 18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN þ ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Signed burial-transit DUE TO Conditions, if eny, which (b) gave rise to Immediate cause DUE TO (e), steting the underlying causa lest. the buri certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? hospital as NO N esn nse 2De. ACCIDENT WAS UNDERLYING TI 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm. 2Df. (City or town) (County) (Stete) Month, Dev. Yeer factory, street, office bldg., etc.) While Not Whila Hour a.m. et work et work may be retain DIRECTOR: D. m 21. I certify that (I) (this hospited) attended the deceased from ... and that death occured at 230M. from the causes and on the date stated above pluods saw the deceased alive on... DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b 23d, LOCATION (City, town or county) OI VR A15 (4) 15M 9/60



1 %	Items 18&20 Film 295 MARYGAND STATE D	DEPARTMENT OF HEALTH
OB	Division of STATISTICAL RESEARCH AND RECORDS	5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	882 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission)
files.	Baldmore MARYLAND	a. STATE b. COUNTY _ / 3/) 1-
E E E	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
S S S IN	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Daltimore mil
lay for for Boar	d. NAME OF HOSPITAL OR INSTITUTION (ill not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
de de de		634 World St YES NO
5 N 9	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
h. the re-	(Type or print) Thomas	Creek DEATH 8 _ 19 - 1961
fier death 2, and 3 to 5 may bo 1d 2 with hourselft	A THEY ER MARKIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
hou hou	1Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
rs af 11,21 1 an 72	done during most of working life, even if retired)	On a Control
24 hour Pages Pages Pages within	13. FATHER'S NAME /	14. MOTHER'S MAIDEN NAME
	George Crook	Davis Maria
Hin Gira		INFORMANT Address
	(Yes, no, or unkown) (Ifyas giva war of dates of service)	Tille Creek!
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
on on bi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Procunitua	ONSET AND DEATH
P-true .	929. 3 DUE TO	
should s Office s buria	Conditions, it only, writer	avel pit 30 feet deep, filled
ling" ling" er's es a	gave rise to immediate cause (a), stating the underlying DUE TO With Water	
ficat end ed a	causa last. (c)	
d"pd "pd "pd "pd "pd "pd "pd "pd "pd "pd	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING TO FEEL FOR CRANE IN CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
his wor	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	(Enter natura of injury in Part I or Part II of item 18.)
Media Should	PRIMARY Or CONTRIBUTING Fell from crane in	to gravel pit about 30 feet deep, while
LE CE	WORLD DO ST SMILED X	Sons Sand & Gravel Company, and drowned ACE OF INJURY (Homa, tarm, '20f., (City or town) (County) (State)
The Contract	2:00 p.m. 8-19 19 61 of While Not While Sand	ACE OF INJURY (Home, larm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.) 3210 Hammonds Ferry Road (State) Baltimore 27 Balto. Md.
EXA cate, w to the OR: Pe prior t	21. I certify that I took charge of the remains described above, h	
at, a	death resulted from: Natural causes , Accident , Sui	cide , Homicide , Undetermined manner
Sica arded arded BECT agent,		CHIEF MEDICAL EXAMINER
ME.	SIGNATURE Wille borth	ASSISTANT MEDICAL EXAMINER AND DATE SIGNED
execute and be for NERAL	EXAMINER'S	DEPUTY MEDICAL EXAMINER 8/20/6/
DEPUTY MEDICAL ass execute the certific should be forwarded t FUNERAL DIRECT its designated agent,	NAME (Type)	Address (Street, city, town, or county)
W ""	REMOVAL (Specify), 4-23-61 -MI CA	OR CREMATORY 22d. LOCATION (City, town, or country) (Stata)
0 g 4 0 g	23. FUNERAL DIRECTOR : ADDRESS.	24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE
VS. A15ME	The 10 (1/1/20) 1000 To C	e co o o o o o o o o o o o o o o o o o o
5M 7/59	Contract - Summery	DATE AUG 3 0 '61 Critical S.



MADVIAND STATE DEDADTMENT OF HEALTH

	MAKILAND SIAIE DEL	MRIN	MEIGI OF	LIFT	**	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE 1,	MARYLAND
8828	CERTIFICATE	OF	DEATH	118		11882

a. COUNTY					idenca befora admission						
Baltimore	MARYLAND	Maryland	b. COUN	TY	Balta						
b. CITY OR TOWN (if outside corporata limits, writa RURAL and give neerest town) Fort Howard	c. LENGTH OF STAY IN 16		f outside corporete limits, write	RURAL end g	give neerest lown)						
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS	13		l a. IS RESIDENC						
			1		ON A FARM						
Veterans Administration		3014 Wells			YES NO						
R. NAME OF First DECEASED	Middle	Last	4. DATE Month		Day Yaar						
(Typa or print) EDGAR		CROOP	DEATH August	1	19 61						
. SEX 6. COLOR OR RACE 7. MARE	RIED X NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years								
Male White WIDOV		October 4. 1	last birthday) 69 yrs.	Months Da	ys Hours Min.						
	KIND OF BUSINESS OR INDUSTR	0000001 + 1001									
	ensit Company Scranton,		Pennsylvania	TI	. S. A.						
3. FATHER'S NAME		14. MOTHER'S MAIDEN									
Oliver Croop		Emme Tonos									
	6. SOCIAL SECURITY NO. 1Z. I	Emma Jones	Address	-							
(Yes, no, or unkown) (Ifyasgivewarordatesofservica)	Cli	nical Record	s, VAH, Baltimo	re 18,	Maryland						
Yes WW I 2	13-05-9794		FORT HOWARD	DIVISI							
18. CAUSE OF DEATH [Enter only one ceusa pa			ONSEL AND DEATH RECENT								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		RECENT									
15 V X DUE TO											
Conditions, if any, which DERFORATIONS, GANGRENOUS BOWEL											
gava rise to immadiata causa	IVER	Unknown									
(=), stating the underlying	- V 222 L										
causa fast. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM YES IN PERFORM YES IN PART 1 (b) 19. WAS AU PERFORM YES IN PART 1 (c) 19. WAS UNDERLYING AUGUST OF DEATH OF CONTRIBUTING AUGUST OF DEATH OF CONTRIBUTION AUGUST OF DEATH O											
20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or lown) (State)											
Hour a.m. While Not While factory, straet, offica bldg., etc.)											
p.m. 19 at work at work											
P		21. I certify that x1) (this hospital) attended the deceased from July 28 161, to August 1 1961, that (X (we) 1									
21. I certify that XI) (this hospital) atte											
21. I certify that XI) (this hospital) atte											
		death occured at.	M, from the causes		e date stated above						
21. I certify that x() (this hospital) attessaw the deceased alive on August	1 1961 and that	death occured at.	AED. STAFF		e date stated above						
21. I certify that () (this hospital) attes saw the deceased alive on August	1 1961 and that	death occured at.	AED. STAFF		e date stated above						
21. I certify that x() (this hospital) atters saw the deceased alive on August 22a. SIGNATURE 22c. PHYSICIANS NAME (Typa)	1 1961 and that	death occured at. ATTENDING PHYS. 22d. ADDRESS	AED. STAFF PHYS.	and on the	e date stated abov 22b. DATE 8/1/61						
21. Certify that XI) (this hospital) atters as the deceased alive on August 22a. SIGNATURE 22c. PHYSICIANS NAME (Typa) THOMAS F. CRAHAN, M. D.	1 1961 and that	death occured at. A ATTENDING PHYS	MORE 18, MARY LA	and on the	e date stated above 22b. DATE 8/1/61 HOWARD DIV						
21. I certify that x() (this hospital) attessaw the deceased alive on August 22a. SIGNATURE 22c. PHYSICIANS NAME (Typa) THOMAS F. CRAHAN, M. D 3a. BURIAL, CREMATION, 23b. DATE THEREOF	1 1961 and that	D. ATTENDING PHYS. 1 22d. ADDRESS VAH, BAITI OR CREMATORY	MORE 18, MARY LA 23d. LOCATION (City, total	ND FT.	e date stated above 22b. DATE 8/1/61 HOWARD DIV						
21. I certify that x() (this hospital) attessaw the deceased alive on August 22a. SIGNATURE 22c. PHYSICIANS NAME (Typa) THOMAS F. CRAHAN, M. D 23a. BURIAL, CREMATION, 23b. DATE THEREOF	1 1961 and that	D. ATTENDING PHYS. 1 22d. ADDRESS VAH, BAITI OR CREMATORY	MORE 18, MARYIA 23d. LOCATION (City, tor Baltimore,	ND FT.	e date stated above 22b. DATE 8/1/61 HOWARD DIV. (Stata)						
21. I certify that XI) (this hospital) attes saw the deceased alive on August 22a. SIGNATURE 22c. PHYSICIANS NAME (Typa) THOMAS F. CRAHAN, M. D 23a. BURIAL, CREMATION, 23b. DATE THEREOF	1 1961 and that	death occured at. A ATTENDING PHYS. 1 22d. ADDRESS VAH, BAITT OR CREMATORY IECTY	MORE 18, MARYIA 23d. LOCATION (City, tor Baltimore,	ND FT.	e date stated above 22b. DATE 8/1/61 HOWARD DIV. (Stata)						

TO MCSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{\pi} \frac{\pi}{\pi} \frac{\pi}{

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John J. Mada. 1922 Tauc Avenue, Ranco. 22, 14.

THOMS T. CHATH, M. D.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

REPORT OF DEATH

(1802)

			TOOR							
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whara deceased lived, If Institution; Ras	The state of the s							
	Baltimore MARYLAND	a. STATE Md. b. COUNTY								
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporale limits, write RURAL and	give neerest lown)							
	write RURAL and give nearest town)	Baltimore 3 V	101-4							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	I . IS RESIDENCE							
	0 · 1 · M AI · II	11110 7. 1 A.	ON A FARM?							
2	NAME OF First Middle	4419 Jurley Ave.	YES NO K							
٥.	DECEASED AA III. II.	Lest 4. DATE Month	Dey Yeer							
	(Type or print) Mr. William Ihomas (ullen DEATH August 20								
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In Yeers IF UNDER 1 Y Ass. birthdey) Months Da	EAR IF UNDER 24 HRS. Bys Hours Min.							
	male white WIDOWED I DIVORCED	1-24-1875 86 yrs. Months	Tys Hours Mill.							
	De. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY							
-	Ret. Printer	Maryland	115A							
13	I. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	W: 11: - T C.11- C.	Man. 7/21/200								
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary Flashey Address								
(Y	es, no, or unkown) (Ifyesgivewarordetesotservice)	III C. 11								
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	vrry W. Cullen 4417 Furley A	INTERVAL BETWEEN							
		11	ONSET AND DEATH							
	IMMEDIATE CAUSE (a) Arteriosclerotic C	ardiova scular disease	O AT DE							
	DUE TO									
	Conditions, if eny, which									
	geve rise to immediate cause (a), stating the underlying DUE TO									
	cause lest. (c)									
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1								
CATION			YES NO L							
	2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Pert I or Part II of item 18.)								
CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
		ACE OF INJURY (Home, farm, 20f. (City or town) (Count	ly) (Stefe)							
MEDICAL	Hour a.m. While Not While	ctory, street, office bldg., etc.)	,, (3,0,0)							
ME										
	21. I certify that (I) (this hospital) attended the deceased from	6/12 19.58, to 8/28/61 19	, that (1) (we) las							
	saw the deceased alive on	at death occured at 1:45PM om the causes and on the	e date stated above							
	22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE							
	I'lus E's usule	M.D. PHYS. DIRECTOR PHYS.	8/28/61 BATE							
	22c. PHYSICIAN'S	22d. ADDRESS								
	Thos. E. Roach, M.D.	5550 Balto Natl Pike., Balto-28	3-Md.							
23	la. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY									
	REMOVAL (Specify) 8 21 61 Danhungel	emetery Baltimore, Ma	1							
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE							
24	Leonard J. Ruck 5305 Hartond Road	d #1// AUG 3 0 '61								
		THE DATE LANGE LANGE	/ -							

The control of the state of the The littles would be the second of the second to the first the same of the s Feet Lucreus tiblian I. Griden, or. - Mary Markey in Muse wante · Um The Late and Idea of the trade A. Monos , I , esta Justing the 1-17 to the mood to present the continuence of the continu BANK BESTON THE GEORGE words for their still nary and had sty

DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) . COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) P write RURAL and give heerest town) moul Pages lled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? hours YES NO NAME OF DATE DECEASED OF (Type or print) DEATH 19 DATE OF BIRTH AGE (In years | IF ONDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACI MARRIED NEVER MARRIED lest birthdey) Months Deys Hours Min. WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work during most of working life physician remove 1Db. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending and ARMED FORCES? Then 15. WAS DECEASED EVER IN U. 16. SOCIAL SECURITY NO. Address removal, (Yes, no, or unkown) | (Ifyes give wer or detes of service signed by the INTERVAL BETY EEN ONSET AND DEATH permit. 18. CAUSE OF DEATH [Enter only one couse per physician. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-fransit DUE TO affending Conditions, if eny, which been (b) geve rise to immediate cause DUE TO (e), stating the underlying the buburial, has ceuse lest. 6 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY certificate CERTIFICATION hospital PERFORMED? 92 0 NO To use 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING [d OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer 2Df. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 19 p.m 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on.. 22b. DATE MED. SIGNED DIRECTOR PHYS. PHYS. M.D. 22d ADDRESS 23c.) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) BURIAL, CREMATION, DATE THEREO! REMOVAL (Specify) OI E G 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) AUG 3 1 '61 - would d. Frank 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

M Beito. artonia Cat Eatonseille Summer Turging Force 420 Reading Be Vosa K. aulotta aug 28 61 W. X GOL18 Pat, deanetos ex less chile to the a Court of Sales - France 2/6-57-6132 - Mero Francis Charge ET 20 A STANDARD STANDARD A STANDARD White of the state the state of the s Buried Soph, 1/61 Men Teatheding Belder, Just With the Hor Edwardson and

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH

1 1000 () 5 1 10	N G/42 0/10/01 MA
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare daceesad livad, If Institution: Rasidence before admission)
Baltimore	o. STATE Maryland b. COUNTY
b. CITY OF TOWN (if outside corporate limits, c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
Fort Howard 118 Days	Baltimore 17
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	1330 N. Carey Street
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Typa or print) MTITON	DIGGS, JR. OF DEATH August 9 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yaers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Negro WIDOWED DIVORCED	July 19,1915 46 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Janitor Coast Guard Ya	ard Baltimore, Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Milton Diggs	Maude Lee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Tillical Records, VAH, Baltimore 18, Maryland
Yes WW II 217-05-6136	FORT HOWARD DIVISION
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) REFICULUM CELL SA	ARCOMA WITH METASTASIS TO THE 9 MONTHS
XXXX LIVER	
Conditions, if any, which	
geve rise to immediate cause	
(e), stating the undarlying DUE TO	
causa last. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
TAKE III OTHER SIGNAL CONDITIONS CONTINUES TO THE WAY	PERFORMED? YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRED, (Enter natura of injury in Pert I or Pert II of item 1B.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, streat, office bldg., etc.)
21. I certify that ((this hospital) attended the deceased from	om April 13 6061, to August 9 , 1961, that ((we) last
	that death occured at
22e. SIGNATURE	22b. DATE
1 DE plan	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type THOMAS F. CRAHAN, M.D.	VAH, BALTIMORE 18, MD., FT. HOWARD DIVISION
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or county) . (Slata)
REMOVAL (Spacify) Burial 8/14/61 Baltimore	National Cem. Baltimore 28, Maryland
24 ELINEDAL DIDECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
George G. Kelson Funeral Home Baltimo	re 17 Md. DANIE 1 0 '61 Gallag & Hans
decree de merron runerar nome Baltimo	re 17, Md. DAAUG 1 0 '61 Callun & Thomas

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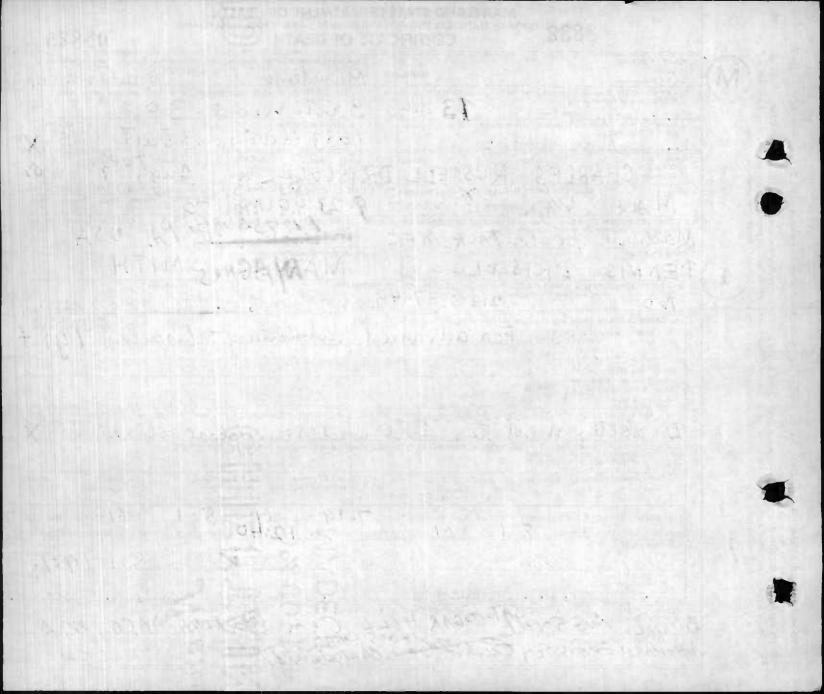
April 13 6:00 August 5 61 mg Lan

Authors Indicate the case of the sale of t 3 N. C. C. 10W. 85.

George C. Idlaca Natural Med proroto 2, .m. - 45

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY
Baltimore	MARYLAND	Maryland b. county Balling
b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)	TH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Mt. Wilson, Maryland	3 days	Ballimore 302 11-4
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	0	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Mt. Wilson State Hospital		1633 Clarison Street YES NO
NAME OF DECEASED CLIADIDE First	Middle	Lost 4. DATE A Manth TU & Spay Year
(Type or print) CHARLES RUSS	ELL D	RISCOLL DEATH Aug. 7 19 81
. SEX 6. COLOR OR BACE 7. MARRIED	IEVER MARRIED	B. DATE OF BIRTH 99. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.
ALR Whitewidowed	DIVORCED [9. 23. 90 (1890) "70 yrs. Manths Days Haurs Min.
a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF during most of working life, even if retired)	BUSINESS OR INDU	JSTRY 11. BIRTHPACE Spite Or Spicous Country?
Machine operator TACK	-MFG	. He sac and ette /A USA
. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
DENNIS DRISCOLL	-	MANAGNEE
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	SECURITY NO. 17.1	INFORMANT Address
NO 212-1	23-1444	Hospital Records, Mt. Wilson State Hospital
1B. CAUSE OF DEATH [Enter only one couse per line for (o)	, (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Lar a	divance	d humanary tuberculous for +
OOLX DUE TO		
Conditions, if ony, which) (b)		
gave rise to immediate couse (a), stoting the under DUE TO		
lying cause last. (c)		
	JTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Diabetes mellitus	. Ance	risclerosis generalized YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRI	ED. (Enter nature of injury in Port Comfort II of item 1B.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Of Hour o. m. p. m. 19 at wark 10 to	6.	LACE OF INJURY (Home, form, 20f. (City ar tawn) (County) (State) octory, street, office bldg., etc.)
Hour o. m. 19 While Not at wark of N	Mulle	
21. 1 certify that (I) (this haspital) attended the	deceased from.	7.19 1961 to 8.1 1961 that (1) (we) last
	1 5	death accurred at 2 MHDm the causes and an the date stated above.
220. SIGNATURE		Pm 22b. DATE
Murcimus		M.D. ATTENDING MED. MED. STAFF PHYS. DIRECTOR PHYS. D
22c. PMYSICIAN'S NAME (Type)		22d. ADDRESS
Wm. Newcomer, M.D. Superin	tendent	Mt. Wilson State Hospital, Mt. Wilson, Md
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. N.	AME OF CEMETERY	
B REMOVAL (Specify) AUG-5-1961	AR HIL	L Cem BROOKLYN AACO. MA
FUNERAL DIRECTOR'S SIGNATURE	DRESS N 400	S CHAD 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE



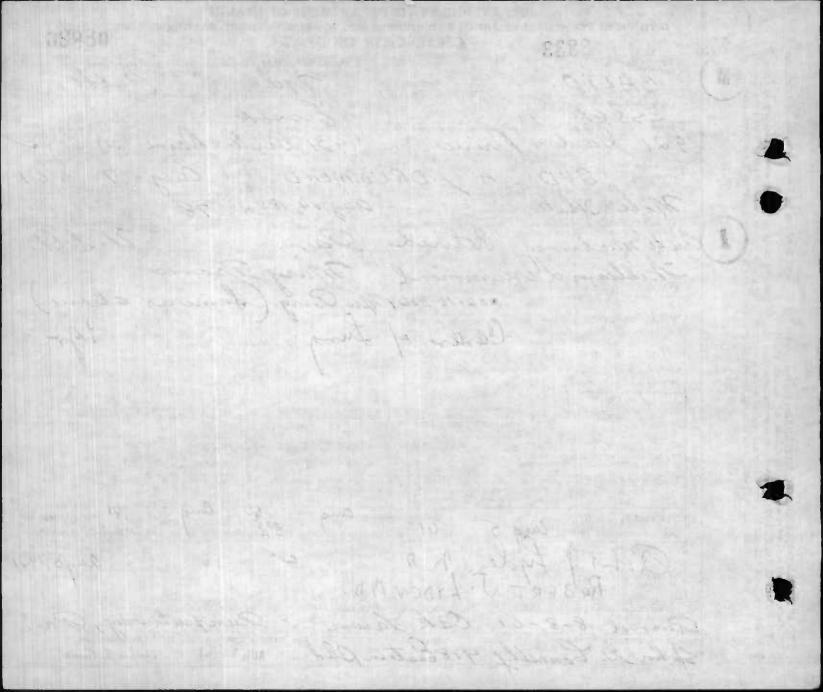
funeral 1. PLACE OF DEATH 4 a. COUNTY by the and 2: death, MARYLAND TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 5ages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ed 3. NAME OF Middle paper n 72 omplet DECEASED (Typa or print) 7. MARRIED NEVER MARRIED WIDOWED DIVORCED physician ove USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) FATHER'S NAME ding 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyes givewar or detes of service) 18. CAUSE OF DEATH [Enter only one cause] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to Immediate ceuse DUE TO (e), steting the underlying o t 8 0 2De. ACCIDENT WAS UNDERLYING d for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yaer Not While While Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. PHYS. M.D. 23a. BURIAL, CREMATION | 23b. DATE THEREOF EMOVAL (Specify ÷ 2 0

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) b. COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) e. IS RESIDENCE ON A FARM? YES NO Yaar DATE Month OF DEATH 19 AGE (In year IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 17. INFORMANT Address ND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? NO T 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (Stete) (County) fectory, street, office bldg., etc.) ..., that (I) (***) last 22b. DATE ATTENDING. STAFF DIRECTOR PHYS. 22d. ADDRESS 23d. LOCATION (City, town or county) (Steta) CEMETERY OR CREMATORY emore 256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTORS SIGNATUR arthur S. Krans AUG DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1882) 8834

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare dacaasad lived, If Institution: Res	idence bafora admission)
Λ	a. COUNTY Baltimore MARYLAND	a. STATE b. COUNTY Marvland	
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and s	give naarast town)
	write RURAL and give nearest town) Fort Howard 89 days	Politimone 37	1-4
9	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		1610 W- 3	YES NO
	Veterans Administration Hospital 3. NAME OF First Middle	1610 Harlem Avenue	Day Yaar
1	DECEASED (Type or print)	DEATH Alloust	9 1961
1	5. SEX 6. COLOR OR RACE 7 MADDIED NIEVED MADDIED 8.	DUNHAM PEATH August DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y.)	
	Molo Momo	last birthday) Months Da	
-	1 1 2 2 WIDOWED DIVOKED	April 20, 1888 73 yrs. Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	dona during most of working life, avan if retirad)		IN OF WHAT COUNTRIE
	Trucking Self employed		5.A.
		14. MOTHER'S MAIDEN NAME	
	Robert Dunham	Charity Burns	
4	() (II)	NFORMANTClinical Records 3900 Loc	
	Yes WW-1 Bla	vd. Balto 18, Md - FORT HOWARD D	IVISION
1	18. CAUSE OF DEATH [Entar only ona causa per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARRHYTHML	A, ACUTE	1 MINUTE
	DUE TO		
	Conditions, if any, which (b) ARTERIOSCLEROTIC	HEART DISEASE	UNKNOWN
	gava risa to immediate causa DUE TO		
-1	causa last. (c)		
-1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
	HYPERTENSIVE CARDIOVASCULAR DISEASE		YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of itam 18.)	
	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, † 201. (City or town) (Count	y) (Stata)
	at work at work	ory, street, office bldg., etc.)	
		Morr 70 1067 + Amount 0 1067	1 4 40 () 1-4
	21. I certify that \(\mathbb{N} \) (this hospital) attended the deceased from saw the deceased alive onAugust \(\mathbb{Q} \)	ray 12 10 August 9 10 1	., that M) (we) last
		death occured at	22b. DATE
	22a. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X	8/18/61
	22c. PHYSICAN'S Craham M	D. PHTS. STREETON PHTS.	0/10/01
	NAME (Type)		land ad a sa
	THOMAS F. CRAHAN		(State)
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)		
		ional Cemetery Baltimore 28, Mar	ryland
10	24 FUNERAL DIRECTOR'S SIGNATURE 1011 N. Arlington	AVE. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
1	Samuel W. Sullivan, Jr. Baltimore, Maryl		and .

y filled in by the funeral r. Pages 1 and 2 should Then please remove carbon papers. Pages 1 and 2 loval, and in eny event, within 72 hours after death complete TO HOSTGAL OR ALTENDANG PHYSICIAN: The law requires that the death certificate death. The transfer of the hospital or attending physician.

IO FUNERAL DIRECTOR: At this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please remove be filed with the State Dept. of Health prior to burial, cremation, or removal, and in eny even

within 24 hours after

execule

The law requires that the death certificate

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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YES NO TH

		8835	CERTIFICA	TE OF DEATH		(, 0	0.40					
1. PL	ACE OF DEATH COUNTY Bal	ltimore	MARYLAND	2. USUAL RESIDENCE (W	where deceased lived. If institution b. COUNT	n: Residence be						
b.	CITY OR TOWN (If RURAL and give nee	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Cockeys	sville	life	Cockeysv:	llle							
	NAME OF HOSPITA	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE					
	OR INSTITUTION Same	onia Ave.		Samonia	Ave.		ON A FARM?					
3. NA	AME OF	First	Middle	Last	4. DATE Month		Day Year					
	CEASED (pe or print)			kert	OF	8-1-61	•					
S. SEX		6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH			R IF UNDER 24 HRS.					
50	mo l e		/ED Y DIVORCED	9-4-1884	lost birthdoy) 76 yrs.	Months Doys	Hours Min.					
	male	N (Give kind of work done 10b		7 . 200 .		12 CITIZEN	OF WHAT COUNTRY?					
d	luring most of worki	ing life, even if retired)		and the second second								
12 54	houses	wire	home	Maryland		U.S.	Α.					
13. FA												
		Schwartz		Susan Fr								
		R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	955						
	no		none Mr	s. Geo. H.	Riley, Sr.	above						
16		TH [Enter only one couse per I	ine for (o), (b), and (c).]				TERVAL BETWEEN					
	PART I. DEAT	TH WAS CAUSED BY:	rebal To	hrombon			3 days					
	260	DUE TO		,			0					
	Conditions, if on	ny, which) (b)	-V, R.	Ansess		10.00						
	gove rise to in		0	2								
	couse (o), stating t lying couse lost.	he under-	W rabete	mell	Aug	2000						
Z	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY					
ICATION							PERFORMED?					
)H 2	Oa. ACCIDENT WAS	S UNDERLYING T 20b. DE	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of item 18.)		1 100 1100					
≥ C	OR CONTRIBUTING	CAUSE OF DEATH										
	c. TIME OF INJURY		INJURY OCCURRED 20e. P	LACE OF INJURY (Home, for	rm, 20f. (City or town)	(Count	y) (State)					
MEDICAL	Hour o. m.	While	Not while	octory, street, office bldg., e	tc.)	(COURT	y) (3idie)					
×	p. m,	19 of wo	rk ot work		1 1	200						
2	1. I certify that	t (I) (this haspital), atten	ded the deceased fram.		050, to 8/1/61	19	that (I) (we) last					
	aw the decease	ed alive an 7/31	196 / , and that	death accurred and	ZM, fram the causes and	d an the da	te stated abave.					
2	20. SIGNATURE) 1		ATTENIDING	ALED STAFF		22b. DATE SIGNED					
		-M-T/	Buce	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.		8/2/1					
2	2c. PHYSICIAN'S NAME (Type)	77		22d. ADDRESS		,	1 (0)					
	(1,750)	H.M. 1-	MANCE	1 PA	PKTON Md							
23o. E	BURIAL, CREMATION	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town, or	county)	(Stote)					
	Burial (Specify)	8-4-61	Jessop Me	thodist	Sparks, Md							
	INFRAL DIRECTOR'S	SSIGNATURE	ADDRESS		C'D BY REGISTRAR 256 REGIST		URE					

Brooks Funeral Service, Towson 4, Md.

the funeral director, 2 shauld be filed with ond y filled Pages 1 gurs after death carbon papers. the attending physician and comp and in any event, within Then please remave þ burial, crematian, or remaval, as the burial-transit permit. attending physician. ertificate has been signed hed by the hospital page 3 shauld be detached far the State Boord of Health priar TO FUNERAL

INSICIAN: The low requires that the death certificate be executed within 24

rs after deoth. Page 4

TO HOSE VR A1S (4) 15M 9/59

- drocking Contestavalle . evientoones in . Sakepin Ave. 19 13-148 0354-4-0 no 1 cm 24-1 remale white none ... Rilley, Sr. and Good Prooks Funeral Sar tos, Towner W. Md. - - - Will St ond 2 should be filed with

y filled Pages 1

TO HOSPILAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 may be used by the hospilal defined physician.

TO FUNERAL DIRECTOR: After it is certificate has been signed by the attending physician and came is filled.

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SEUNERAL-DIRECTOR: After the certificate has been signed by the attending physician and companies page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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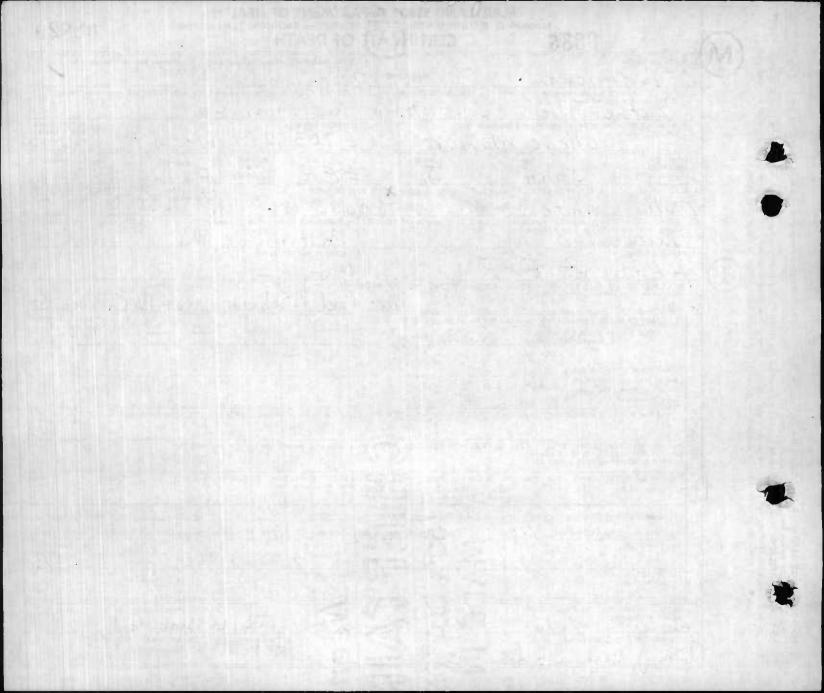
urs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

118829

1		8835	CERT	IFICAT	E OF DEATH			610	043
Įī.	PLACE OF DEATH O. COUNTY Bult 12	nore	M	ARYLAND	STATE		If institution: Reside COUNTY	ence befare adm	nission)
	Luthe	ruille	5yrs 4	1/2 mon	G. CITY OR TOWN (IF	more e	its, write RURAL onc	give nearest to	wn) 4
	d. NAME OF HOSPITA OR INSTITUTION	Clf not in hospital, give	Manor		3703	N.Char	les St	ON	ESIDENCE A FARM?
3.	(Type or print)	John	J.		EFF	4. DATE OF DEATH	Manth U9	3 1	Yeor 19 6 /
1	male	White "	MARRIED NEVER MA	RCED	VOU3 18	69 91 st	birthdoy) Manths		rs Min.
L	Wever W	orked	ne 10b. KIND OF BUSINES	S OR INDUSTR	Balt 12	nore,	Wd. 12.0	415	A .
	Her's NAME Herbe	ert E.	FF	NO 117 INSE	Mary	NAME	Address		
	es, no, or unknown) (IF	yes, give wor or dates of serv	N O	MRS	Care (P. S.	chruidt	3968 N.	Charle	s St
	PART I. DEATE	H [Enter anly one cous H WAS CAUSED BY: MMEDIATE CAUSE (o)_	e per line for (o), (b), and	(c))				INTERVAL ONSET A	D DEATH
	Canditions, if on, gove rise to im								
7	lying cause last.	e under- DUE TO		00.711.0117.11		Albania Bustassa soluti			S ALITORSY
CERTIFICATION	PART II. OTHE		TIONS CONTRIBUTING TO					PER YES	FORMED?
		CAUSE OF DEATH	Db. DESCRIBE HOW INJUR	1555.04					
MEDICAL	Haur a.m.	Month, Doy, Year	20d. INJURY OCCURRED While Not while of wark at work		E OF INJURY (Home, for y, street, office bldg., et		n)	(County)	(State)
	saw the decease	0/3	attended the deceas		ath accurred at 81	1	auses and an t	•	ed abave.
	22a. SIGNATURE	of CB	roun D	/ M.		MED. STA	FF S. \square	8	SIGNED
	22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS	M. Calre	A 81		
-	Bucial (Specify)	9/2/61	Holy	77 1	emer	Balto.	Mary la	ud	tate)
24	Jm. & H	SIGNATURE	ADDRÉSS	2 7	DATE S	EP 1 '61	25b. REGISTRAR'S		



TO HOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. The 4 may be relaif by the hospital or attending physician.

IN FUNERAL DIRECTOR: For this certificate has been signed by the attending physician completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withing hours after definit.

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200	Pages	ours after
	please remove carbon papers. Pages I and 2 should	nd in any event, within 79 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 08830

Dolladwana		a. STATE	E (Where decessed lived, If b. COU		dence before a	dmission)
Baltimore	MARYLAND	Maryland				V
 b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporete limits, wri	te RURAL end gi	ve neerest tow	n)
Fort Howard	12 Days	Baltimore	18	9	VOI-	4
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS				SIDENCE FARM?
Veterans Administration	Hoenitel	762 Exeter	Hall Avenue		YES	
. NAME OF First	Middle	Last	4. DATE Mont	th D	ey Yeer	36
(Type or print) DEWEY		ESATAS	OF DEATH Assert	-at 00	10	62
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Male White WIDOV		May 5, 1898	last birthday) 63 yrs.	Months Day	_	Min.
Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	PUDITE PUBLIC	Y 11. BIRTHPLACE (County	& State, or foreign country	12. CITIZE	N OF WHAT	OUNTRY
	uilding	The second second second			77 0	
3. FATHER'S NAME	ur Turing	14. MOTHER'S MAIDEN N	Pennsylvan	La	U. S.	Α.
Dichard Wester						
Richard Essias 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. I	Jane Jones	Addres	is	Div	isior
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					ONSET AND	
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DUE TO				8 4 4 5		
Conditions, if any, which (b) AR	TERIOSCLEROTIC 1	HEART DISEASE			UNKW	NWC
gave rise to immediate cause				= 100		
(a), stating the underlying ceuse lest.				ELITE I		
	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GI	VEN IN PART 1(e		
Diabetes Mell	itus					RMED?
Diabetes Mell 200. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING GAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in P	ert I or Pert II of item 1B.)			
20c. TIME OF INJURY Month, Day, Yeer 20c	nile Not While fact	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County))	(Stete)
Hour a.m. Wh	rork et work					
		Aumst 16	61 to Amonist	28 1061	that (I) (wal les
21. I certify that (X (this hospital) atte	ended the deceased from	- 1 • 30	61 to August			
21. I certify that (X (this hospital) atters saw the deceased alive on. August	ended the deceased from	August 1630			date state	d above
21. I certify that (X (this hospital) atte	ended the deceased from	death occurred a	M, from the causes		date state	. DATE
21. I certify that (X (this hospital) attests with deceased alive on. August 22e. SIGNATURE	28 1961 and that	death occured a	M, from the causes		date state	. DATE
21. I certify that (X (this hospital) attes saw the deceased after on. August. 22e. SIGNATURE 22c. REPOSITIONS	28 1961 and that	death occured a 3 ATTENDING MPHYS. DI 22d. ADDRESS	M, from the causes D. STAFF RECTOR PHYS.	and on the	date states	above DATE SIGNED 8/28
21. I certify that (X (this hospital) attests with deceased alive on. August 22e. SIGNATURE	28 1961 and that	death occured a 3 ATTENDING MPHYS. DI 22d. ADDRESS	M, from the causes	and on the	date stated 22b	above DATE SIGNE 8/28
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

118831

1. PLACE OF DEATH o. COUNTY Bal	timore		MARYL	1	usual residence	E (Where decease	ed lived. If institution b. COUNTY	on: Residence		nission)
b. CITY OR TOWN (If RURAL ond give nec	orest town)	s, write	c. LENGTH OF STAY II	-		N (If outside carp	orote limits, write RI			own)
W. I. C. W. W. W. W. L.	AL (If not in hospital, g				d. STREET ADDRE	mond s or	Ave.,		10	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Harr		Middle Winfield	म	tzler	4. DATE OF DEATH	Mon Augus		Day 24	Year 19 63
s. sex	6. COLOR OR RACE	-	RIED NEVER MARRIED	8.	DATE OF BIRTH	893	9. AGE (In yeors last birthday) 68 yrs.	IF UNDER 1	YEAR IF UN Days Hau	NDER 24 HRS
10a. USUAL OCCUPATION		lane 10b.	KIND OF BUSINESS OR	INDUSTR	-	(State or foreign	cauntry)		I.S.A	AT COUNTRY
Samuel 15. WAS DECEASED EVER	Etzler	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT	?	Baker	ress		Md.
	f yes, give war or dates of se			Mr.	George D.	. Etzler	3615 Yol	ando I	Rd. Ba	-
Conditions, if on gove rise to im cause (o), stating to lying cause lost. PART II. OTHI	he <u>under-</u> DUE TO (c) ER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEAT					'EN IN PART	1(o) 19. WA	AS AUTOPSY RFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yes		Nat while	20e. PLAC	Enter noture of inju E OF INJURY (Home y, street, affice bldg	, form, 20f. (Ci	ty ar town)	(C	aunty)	(State
saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		12	Korne		ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	the causes an	od an the		l) (we) lasted abave
23a. BURIAL, CREMATION REMOVAL (Specify) Burial 24 SUNERAL DIRECTOR'S	8-28-19	61 / ×	23c. NAME OF CEMENT Lake Viet ADDRESS ADDRESS	w Mo	mordal 250	23d. LOCA	ATION (City, town, or arroll Co	or caunty)	yland NATURE	State)

the funeral director, and 2 should be filed with 2urs after death. Page 4 filled PHYSICIAN: The law requires that the death certificate be executed within 24 ages 1 after death intending physician.
stificate has been signed by the attending physician and complexificate has been signed by the attending physician and complex states burial-transit permit. Then please remove carbon appears burial, crematian, ar removal, and in any event, within 72 hours after ed by the haspital page 3 shauld be detached for the State Board of Health prior TO FUNER VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY Page galth, e. STATE b. COUNTY is necessary, files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY_OR TOWN (If outside corporete limits, write RURAL end give neerest town) director. Prite RURAL end give neerest town INSTITUTION (if not in hospital, give street eddress) State NAME OF Middle DATE DECEASED the DEATH (Type or print) with 5. SEX AGE (In years | IF UNDER 1 YEAR 7. MARRIED 1, 2, a ige 5 may and 2 wit ast bighday) Months WIDOWED -DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) form PM3. Page done during most of working life, even if retired) in pencil in Item 18. Give Pages 1, HWFE pages 13. FATHER 14. MOTHER'S MAIDEN NAME BRITCHER LEONARD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) permit. MRS MARY EGER 308 OVERBROOK Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] = PART I. DEATH WAS CAUSED BY. and IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which (b) "pending" geve rise to immediate cause 10 Examiner's DUE TO (a), steting the underlying as 0 cause last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19. WAS AUTOPSY CERTIFICATION the word 9 plnods Cren 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) Page 3 PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2Df. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work forwarded to the prior cute the certificate, DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 agent, Natural causes Suicide Undetermined manner death resulted from: Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE 8 DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) NAME (Type) pluous 220. BURIAL, CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY TO DE 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 6 U 24 D 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE AUG 9 2 distant & Thomas

e. IS RESIDENCE ON A FARM? YES NO

> 6 19

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(State)

DATE SIGNED

(Stete)

12. CITIZEN OF WHAT COUNTRY?

Devs

(County)

5M 7/59

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FOR STATE HEALTH DEPT by is necessary, or Health, for your files. TO DEP MEDICAL EXP TER: This certificate should be executed within 24 hours after the through the throughput of the executed his please execute the certificate, with the word "pending" in pencil in them 18. Give Pages 1, 2, at 10 the through 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

8840 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

118833

Baltimore b. CITY OR IOWN double components limits, write BURAL and give named town Rural_Baltimore, Md. d. NAME OF HOSPITAL OR INSTITUTION Incident owner ALPIC Lynhurst Road 3. MANE OF HOSPITAL OR RITUTION Incident ALPIC Lynhurst Road 3. MANE OF HOSPITAL OR RITUTION Incident ALPIC Lynhurst Road 3. MANE OF HOSPITAL OR RITUTION Incident ALPIC Lynhurst Road 3. MANE OF HOSPITAL OR RITUTION Incident ALPIC Lynhurst Road 3. MANE OF HOSPITAL OR RITUTION Incident ALPIC Lynhurst Road 3. MANE OF HOSPITAL OR RITUTION ALPIC LYNhurst Road 3. MANE OF HOSPITAL OR RITUTION ALPIC LYNhurst Road 3. MANE OF HOSPITAL OR RITUTION ALPIC LYNhurst Road 3. MANE OF HOSPITAL OR RITUTION ALPIC LYNhurst Road 3. MANE OF HOSPITAL OR RITUTION ALPIC LYNhurst Road 3. MANE OF HOSPITAL OR RITUTION ALPIC LYNhurst Road 4.216 Lynhurst Road 5. SEXD ONATE OF MANE OR ALPIC ALPIC LYNhurst Road 5. SEXD ALPIC LYNhurst Road 4.216 Lynhurst Road 6. STEET ADDRESS 6. SEET ADDRESS 4.216 Lynhurst Road 6. STEET ADDRESS 4.216 Lynhurst Road 6. STEET ADDRESS 4.216 Lynhurst Road 6. STEET ADDRESS 8. STEET ADD	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
RURIL—Beltimore, Md. d. NAME OF HOSPITAL OR INSTITUTION (I) on hospitel, give street eddress) 4.216 Lynhurst Road 3. NAME OF First	Rollimone	a. STATE Maryland b. COUNTY Baltimore
d. STREET ADDRESS 4.216 Lynhurst Road 4.216 Lynhurst Road 4.216 Lynhurst Road 5. NAME OF DECKASED 1. AUGUST FIRST Month Day Yest DEATH August 30, 19 6 DEATH August 30, 19	writa RURAL and give nearest town)	
4.716 Lynhurst Road 5. SIX 6. COLOR OR RACE 7. MARRID NEVER MARRID NEVER MARRID S. DATE OF BIRTH 7. AGE (in years it UNDER Y YEAR if UNDER X Months Day Year Months Day Hours		d. STREET ADDRESS e. IS RESIDENCE
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Mele White widowed Dive kind of work and of work and of work done during most of working life, even it raised) Steel worker-retired Bethlehem Steel Co. Maryland Is. MATHE'S MAIDE NAME George C. Fersterman Is. WAS DECLASED EVER IN U.S. ARMED FORCES? (Iv., no, or movement) Is. WAS DECLASED EVER IN U.S. ARMED FORCES? (Iv., no, or movement) Is. WAS DECLASED EVER IN U.S. ARMED FORCES? (Iv., no, or movem) (Iv. support wearer deleable event verification) Is. CAUSE OF DEATH [Enter only one cause sealine for (a), (b), and (a)] Is. CAUSE OF DEATH [Enter only one cause sealine for (a), (b), and (a)] DUE TO Conditions, if eny, which gave rise to immediate cause (b) Is. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING (c) Coause last. The FIRE FORMER CAUSE (a) DUE TO Coause last. 20b. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING (b) Box White Not Not White Not White Not White Not White Not	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH IMADWICZ PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Mary land MARYLAND the 4 b. CITY OR TOWN (if outside corporate limits, pue c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL end give nearest town) lmthlldvs Baltimore d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 1h2h W. Pratt Street SPRING GROVE STATE HOSPITAL. 3. NAME OF First Middle 4. DATE Month DECEASED OF S. Fim Fannie (Typa or print) DEATH August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH last birthday) Sept. 21, 1884 white female DIVORCED WIDOWED A 10a. USUAL OCCUPATION (Give kind of work physician done during most of working life, even if retired)
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10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address HOSPITAL STAE INTERVAL BETWEEN ONSET AND DEATH arterioslerosis, generalized, severe PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? to saugrene of left 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) (County) (State) 19.6./., that (I) (we) last 22b. DATE SIGNED 61 GROVE STATE NAME (Type) Catons ville 28. Maryland 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur & Kraus

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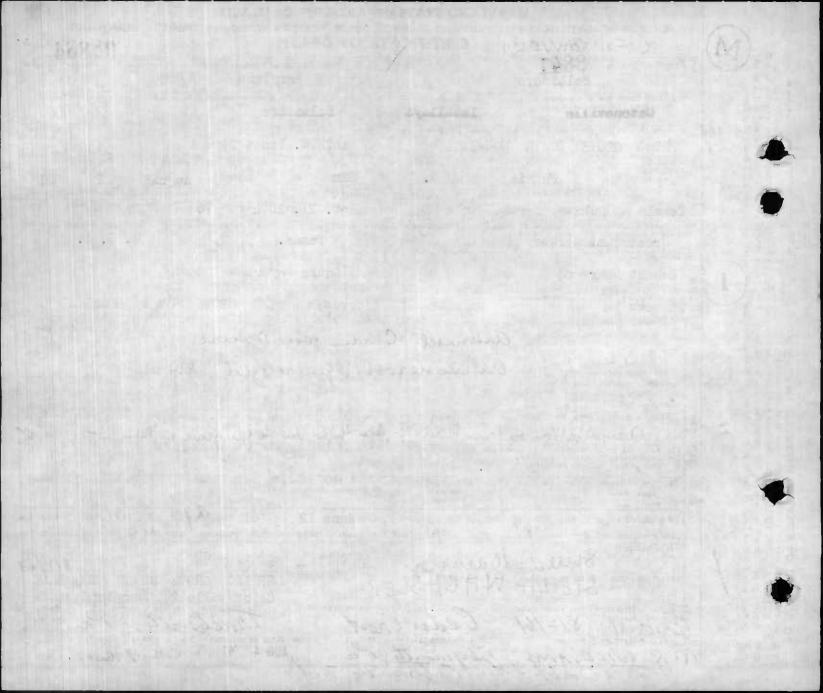
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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the hospital or attending physician. An erthis certificate has been signed by the attending physician at complete miled in by the funeral etached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should of Health prior to burial, cremation, or removal, and in any event, within 72 hours after gooth. TO HOST AL OR ATTENDING Geath. 4 may be retain. Y TO FUNERAL DIRECTOR: An effector, page 3 should be detached. De filed with the State Dept. of Hea

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDS 8843 CERTIFICATE OF DEATH

1. PLACE OF DEAT	гн			CE (Where deceased lived, If institution, R	esidence before edmission)
_	Baltimore	MARYLAND	e. STATE	yland b. COUNTY	
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 16		If outside corporate limits, write RURAL and	give neerest town
Fort I	nd give neerest town)	55 days	Baltimore	- 30 V	01-7
		ot in hospital, give street eddress)	d. STREET ADDRESS	- 29	. IS RESIDENCE
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(Type or print)	HARRY	р	FORNOFF	OF August	6 19 61
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Conditions, if a	1-7	EVERE MYOCARDIAL F	TRUOSTS		UNKNOWN
geve rise to imme	underlying > DUE TO				
ceuse lest.		EVERE CORONARY STE			UNKNOWN
1. PARTHOI	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
S Chron		tis - cholelithis			YES TO NO
20a. ACCIDENT	WAS UNDERLYING [] - 2	Db. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	Pert I or Part II of item 18.)	
2. Chron 200. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTIL	Y MEDICAL EXAMINER)				
20c. TIME OF IN	JURY Month, Day, Yeer	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fari	m, ' 20f. (City or town) (Cou	nty) (Stata)
20c. TIME OF IN		WhileNot While fee	tory, street, office bldg., etc		
		at work at work	7 30	(5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	/=
				1961 to August 6 19.	
saw the dece	ased alive on Augu	St. 619.61 and the	t death occured at	P.M, from the causes and on t	he date stated above
22e. SIGNATUR	1 6		ATTENDING	MED. STAFF	22b. DATE SIGNED
Sel	1) mother	Sume!		DIRECTOR PHYS.	8/7/6
22c PHYSICIAN	S		22d. ADDRESS	1-12	
SEBASTI	N RUSSO, M.D		VAH, BALT	IMORE 18, MD., FT. HOWA	ARD DIVISION
23a. BURIAL, CREMA	TION 236. DATE THEREO		OR CREMATORY	23d. LOCATION (City, town or county	y) (State)
REMOVAL (Special	V) 8-10-1	/ Oak Lawn Cer	netery	Baltimore	Maryland
24 FUNERAL DIRECT	DR'S SIGNATURE	ADDRES Balto.		C'D BY REGISTRAR 256. REGISTRAR'S	
		Darron.	T. 1 37.707.4		
	Thenle O Comm	Inc. 5305 Harford	Rd. DATE	AUG 9 '61 Culling	S. France

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Leonard J. Buck & Song, Inc. 5305 Hericord Dd.

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HEALIN DEPL.	1.	PLACE OF DEATH	Balti	more		MAR	YLAND			(Whara decee			lesidanca	bafora adn	nission
s necess rector. P your file d of He			give neerast to	wn)	040	. LENGTH OF ST		c. CITY OR 1		ington	te limits, write	RURAL one	give ne	arest town)	
ey ii		d. NAME OF HOSPIT	Avenue			l, give street add	drass)	d. STREET A	5120	Sarger	Road Stre		.E.	ON A F	FARM?
f an the funer retained state I death.	3.	NAME OF DECEASED (Type or print)		First MATHIA	S	FRANCTS		FORST	4.	OF DEATH	Month	ust	Day	Yeer	7
ay be with the safter	5.	SEX				NEVER MARRI		DATE OF BIRTH		9. A	GE (In years	IF UNDER 1	YEAR	19 6	4 HRS.
d 2 m	104	Male USUAL OCCUPATI	Whi.	of work 1	OWED [OF BITCHNESS O	ED D	ec. 3, 1	902	58/5	9/ yrs.			Hours WHAT COL	Min.
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Give Pages Give Pages m PM3. Pages Tile pages ent within 7	13,	George	Forst					14. MOTHER'S A	AAIDEN NA	ME					
d within 18. Gi		WAS DECEASED EVE	R IN U.S. ARM		16. SO	CIAL SECURITY I	NO. 17. 11 W1	NFORMANT NDIIred	Forst	S	Address				
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nding" iner's d as a t		geva rise to immedia (e), steting the ur causa last.	ole cause	DUE TO											
is certific vord "pe cal Exam d be use emation,	ATION	PART II. OTHER	SIGNIFICANT	CONDITIONS	CONTRI	BUTING TO DEA	TH BUT NOT	RELATED TO THE	TERMINAL	DISEASE CON	VDITION GIV	EN IN PART		WAS AUT PERFORM	AED?
Medishoul cr	CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.		20b. D	ESCRIBE I	HOW INJURY O	_	itar neture of Injur		r Pert II of itar	m 18.)		112.	Sat MC	, <u>[]</u>
Anna Anna Bage 3 string to buring	MEDICAL	20c. TIME OF INJUI		1	Whila	_Not Whila	20e. PLAC	drowne E OF INJURY (Ho ry, streat, offica bl	ma, farm, !	20f. (City or	town)	(Cour	nty)	(Sta	ata)
C Extended to the prior	W	21. I certify th	Unknows at I took cha	0		s described à		d an Autopsy	x, Ins	pection	, Inquir	Balt		Md my opir	
MEDICAI te the certifi forwarded L DIRECT sied agent,		death resulted fi	rom: Natu	ral causes		Accident	, Suicio	[26]	DICAL EXA		ermined m	anner _			
민숙 원리 교	3	ACTUAL SIGNATURE	How	and &	1	thaul	M	M.D. ASSISTA	NT MEDICA	L EXAMINER	TX.		DA	re signe	ED
DE. Y M ease execute should be to the should be to its designate		EXAMINER'S NAME (Typa)				aub, M.D		Addrass (Streat, city,	town, or cour	ıly)		8/1	1/61	
O DE. 4 shoul O FUN or its d	22a	REMOVAL (Spacify)	8/4/6			. NAME OF CE		neral Ho		Washing				(Stete)	
VS. A15ME	23		Burgh	znoke		ADDRESS		24	a. REC'D	Y REGISTRAR	24b. REGI		1 .		
5M 9/60	1	anes e. Dr	U20210J.	ki 140	/ ra	stern Av	ve.	D	ATE AUG	1 01		would be	70000		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Baltimore Md.

	8845		CERTIFICATE	OF DEATH		08838
a. COUNTY Baltim			MARYLAND	2. USUAL RESIDEN	CE (Where deceesed lived, If Institution b. COUNTY	tion: Residence before edmission)
	/N (if outside corporete limits and give nearest town) OWARD		LENGTH OF STAY IN 16	Baltimore	If outsida corporate limits, writa RUR	AL and give neerest town)
d. NAME OF HO	SPITAL OR INSTITUTION (in	not in hospit	al, giva straat address)	d. STREET ADDRESS	AVA	IS RESIDENCE ON A FARM?
Vetera	ns Administra	tion H	ospital	843 Eutaw	Street -	YES NOTE
3. NAME OF DECEASED (Type or print)	First	OON	Middle B.	FREY	4. DATE Month OF DEATH August	Bay Yaar 4 19 61
5. SEX			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UI	
Male	White	WIDOWED	DIVORCED	September 7,	1889 71 yrs.	oths Days Hours Min.
done during most of	PATION (Give kind of work f working life, even if retired	1)	O OF BUSINESS OR INDUS			2. CITIZEN OF WHAT COUNTRY?
Trucke		Tru	cking	Philadelphi 14. MOTHER'S MAIDEN	la, Pennsylvania	U. S. A.
John B.	Frey DEVER IN U.S. ARMED FOR	CES2 14 SC	CIAL SECURITY NO. 1 17	Elizabeth (
) (If yes give we rordetes of se	ervice)	C1	inical Record	is, VAH, Baltimore Fort Howard Di	18, Maryland
Yes	WW I				Fort Howard Di	VISION I INTERVAL BETWEEN
	EATH WAS CAUSED BY:					ONSET AND DEATH
1	IMMEDIATE CAUSE (+)_	CERE	BRAL THROMBO	318		UNKNOWN
133	DUE TO		DDIT IDEEDTA	CATEDOGTA		UNKNOWN
Conditions, if	101	CERE	BRAL ARTERIO	2CTEMOST2		OMMONIA
(e), stating the	DIJE TO					
ceusa lest.) (c)_					
PART II. OT	THE SIGNIFICANT CONDITERIOSCIEROTIC		DISEASE	IOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 1
200. ACCIDENT	T WAS UNDERLYING [] TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)		IBE HOW INJURY OCCUR	D. (Entar neture of injury in	Pert I or Pert II of item 18.)	
20c. TIME OF I		while		ACE OF INJURY (Home, fer ctory, street, office bldg., etc		(County) (Stete)
21. I certifi	v that the (this hospit	al) attende	d the deceased from 61, and the	July 238 41	1961, to August 4	on the date stated above
220. SIGNATU		also	hus	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	8/4/61 DATE
R. H. T.	lyne)	. м. р		VAH, BALT	MORE 18, MD.,FT.	HOWARD DIVISION
23e. BURIAL, CREA	MATION, 236. DATE THER	EOF :	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (Stete)
Burial	Aug. 7.	61	Baltimore	National	Baltimore	28, Maryland
24 FUNERAL DIREC			ADDRESS		CD BY-REGISTRAR 256. REGISTE	AR'S SIGNATURE
Wm . T. Tic	kner & Sons,	Inc. No	rth & Penna.		hus o los	
11TT . O . TTO	acres w weekley a	7.10			EUG V VI CLU	Lay & Kings

within 24 hours after tely med in by the f ers. Pages 1 and 2 s thours after death. within 72 hor executed mpleter carbon the hospital or attending physician.

The hospital or attending physician.

The hospital or attending physician at the certificate has been signed by the attending physician at the burial-transit permit. Then please remove ca Health prior to burial, cremation, or removal, and in any event, TO HOSE AL OR ATTENDING
death.
TO FUNERAL DIRECTOR: A director, page 3 should be detached be filed with the State Dept. of Hee VR A15 (4) 15M 9/60

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Philadelphia, Pennsylveria

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September 7, 1889 71

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LOS MISTO POEMER DIFFORMAÇORORS MISTO

M. J. Melower & Sons Incompared & Donnellavor.

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MARYLAND	STATE	DEPARTMEN	T OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 884 MEDICAL EXAMINER'S CERTIFICATE OF

1.	PLACE OF DEATE . COUNTY Beltimore			MARYLA		usual residen Melyland	ICE (Where	b. COUN		ence before edmission)
	b. CITY OR TOWN (in write RURAL and Fort Howa	foutside corporate limit give neerest town) Td		LENGTH OF STAY I	N 1b	c. CITY OR TOWN Baltimore	(If outside c	orporete limits, write	RURAL and giv	re neerest town)
90		AL OR INSTITUTION (I				d. STREET ADDRESS 3612 Fran		Avenue		o. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED	First		Middle		Last	4. DAT		Da	
	(Type or print)	WALTE		J		EBBONS	DEA.	Trub up a		
	Male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED \$\frac{1}{2}\$ DIVORCED	-	ecember 24	1891	9. AGE (In yeers last birthdey) 7069 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
10	. USUAL OCCUPATI	ON (Give kind of work	10b. KIND	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLA CE (State	or foreign		12. CITIZEN	OF WHAT COUNTRY?
	Odd Jobs		0)			Crisfield	Mary	land	U.	S. A.
13.	. FATHER'S NAME				14	MOTHER'S MAIDEN				
1.	Robert Lee	Gibbons			A.	De Maria	Blades	5		
15. (Ye	WAS DECEASED EVI	R IN U.S. ARMED FOR yesgive weror detes of se		CIAL SECURITY NO.		ormant nical Reco	r ē s,VA	H, Baltim		
-		WW I EATH [Enter only one	cause per line	None	-		F	ort Howard		ON NTERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY:		UB-ARACHIN	OTD H	EMORRHAGE				2 MONTHS
	1900	MMEDIATE CAUSE (e)_ DUE TO		URE OF SK		410144444				- MONTAN
V	Conditions, if any	*		INAL BRON		PTMONTA				3 DAVS-4-
	geve rise to immedia	ate cause			02102 1	2012011201				2 20120-7
	(e), steting the ur	nderlying	PYET	ONEPHRITI	S					UNKNOWN
z		SIGNIFICANT CONDIT				LATED TO THE TERMI	NAL DISEAS	SE CONDITION GIVE	N IN PART 1(e)	
CERTIFICATION										PERFORMED? YES NO
	20a. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH.	NTRIBUTING 🗆		m steps a		neture of Injury In Pe	rt I or Pert II	of item 18.)		
MEDICAL	20c. TIME OF INJUI	RY Month, Dey, Yee	r 20d, INJU	JRY OCCURRED 20		OF INJURY (Home, ferr street, office bldg., etc		City or town)	(County)	(State)
WED	Hour XX .	6/13/ 19 6	l et work	et work	-	me		altimore		Maryland
V	21. I certify th	at I took charge o	f the remain	s described abov	e, held a	an Autopsy X.	Inspectio	on , Inquiry	, an	d in my opinion
	death resulted for	rom Natural ca	uses ,	Accident X	Suicide	, Homicide	[]. L	Indetermined ma	nner 🗌	
		ma	A		2m .1	CHIEF MEDICAL	EXAMINER			
	ACTUAL SIGNATURE	1160	NW	us !	114	M.D. ASSISTANT MED	DICAL EXAM	MINER _		DATE SIGNED
	EXAMINER'S	ŒLVIN B. D	AVIS. N	f.D.		DEPUTY MEDICA Address (Street,		7.2.1		8/2 8/14/61
220	BURIAL, CREMATIO	N. 226. DATE THERE		. NAME OF CEMETE	RY OR CR			ATION (City, town,	or country)	(State)
	Burial	8-17-6	5/ I	Baltimore	Natio	nal Cem.	Balti	more 28, 1	Marylan	d.
	. FUNERAL DIRECTO			ADDRESS	17.		OGY PEGI	STRAR 246. REGIS	TRAR'S SIGNA	
_	Wm.Cook-B	light, Inc.,	6009 На	erford Rd.	,Balt	TART .		u	rthur L. A	haus

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1188411 8847

V					
1. PLACE OF DEAT	Н			E (Where deceased lived, If institution:	Residence before admission)
Baltimor	e	MARYLAND	a. STATE Maryland	b. COUNTY	
b. CITY OR TOWN	(if outside corporete limits,	c, LENGTH OF STAY IN 16		outside corporete limits, write RURAL an	d give nearest lown)
Fort How	nd give neerest town)	28 Daves	D. 144		VO1 -1
		38 Days	Baltimore d. STREET ADDRESS		e. IS RESIDENCE
1			di dikeci Madkedo		ON A FARM?
	Administration		650 W. Mu	lberry Street	YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Month	Dey Yeer
(Type or print)	ROBER	T A. (MALLITE	DEATH August	13 19 61
5. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
Male	2	IDOWED DIVORCED	Tamusama 00 3/	lest birthdey) Months	Days Hours Min.
	TION (Give kind of work	10b. KIND OF BUSINESS OR INDUS		713 40	TIZEN OF WHAT COUNTRY?
done during most of w	vorking life, even if retired)				
Laborer		Construction	Windsor, No.	rth Carolina	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
George W.	Gilliam		Hannah Alle	en	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES? (If yes give wer or detes of service	? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	0
		OTE OT Chale	TINICAL RECOR	ds, VAH, Baltimore 1	o, Maryland
Yes	DEATH (Enter only one cour	215-01-2414 se per line for (e), (b), end (c).]		Fort Howard Divi	INTERVAL BETWEEN
	TH WAS CALISED BY.				ONSET AND DEATH
	IMMEDIATE CAUSE (e)	BRONCHOPNEUMONIA	BILATERAL		3 DAYS
150	DUE TO				
Conditions, if en	y, which (b)	CARCINOMA OF ESOR	PHAGUS		3 YEARS
gave risa to imme-	diate causa				3 22220
(a), steting that	underlying (c)				
		S CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PAR	T 1(e) 19. WAS AUTOPSY
2					PERFORMED?
5					YES NO
OR CONTRIBUTING	WAS UNDERLYING 2DI G CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCUR.	ED. (Enter neture of injury in Pe	ert f or Perf II of item 18.)	
ZOC. TIME OF INJ	IURY Month, Day, Year	2Dd. INJURY OCCURRED 2De. Pl	LACE OF INJURY (Home, farm,	' 20f. (City or town) (Con	unty) (Stete)
20c. TIME OF INJ		WhileNot While fa	ictory, street, office bldg., etc.)		
		et work al work		1	4
21. I certify	that (this hospital)	attended the deceased from	July 6	961, to August 13, 19	61, that M) (we) last
saw the decea	ased alive on Augus	t 13 19 61 and th	at death occured at		the date stated above
22e. SIGNATURE					22b. DATE
Seh	Wise Or w	me the -		ED. STAFF RECTOR PHYS.	8/14/6
22c. PHYSICIAN'	S		22d. ADDRESS		9/21/0
NAME (TVD	0)	T		MADE 19 ME TOUR	ADD DEFECTOR
SEBAST			VAR BALIFIE	MORE 18, MD., FT HOW	ARD DIVISION
23a. BURIAL, CREMA REMOYAL (Specify				23d. LOCATION (City, fown or coun	
Burial	8-11-6	o/ Baltimore	National Cem.		Maryland
24 FUNERAL DIRECTO	R'S SIGNATURE	1000 Brantley Av		D BY REGISTRAR'S	SIGNATURE
Elroy 0.	Wilson		700	\$ 21 '61 arthur 2	Kraud
		Baltimore 17, Ma	T.ATSHO		

If this certificate has been signed by the attending physician a complete, filed in by the funeral hed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should tealth prior to burial, cremation, or removal, and in any event, within 72 hours after death. the hospital or attending physician. TO HOSPICAL OR ATTENDING PH
death.

TO FUNEMAL DIRECTOR.

Girector, page 3 should be detached for being with the State Dept. of Health 15M 9/60

within 24 hours after

executed

PHYSICIAN: The law requires that the death certificate be

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Voterring Administration Tought I toler in Hulberry Street

Sansart INC. INC. INC. INC. INC.

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Auricia / Salutinore National Com. Baltisone Et Maryland

Elroy O. Wilson Saltimore Ny. Morviand

selfie . Optos

8848

VR A1S (4) 1SM 9/S9

	0010				11001
1. PLACE OF DEATH o. COUNTY	1 th in	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY	an: Residence before admission)
b. CITY OR TOWN	N (If outside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote limits, write R	URAL ond give nearest town)
Ark	out us	5weeks	XAYDUT	tus.	
d. NAME OF HOS	SPITAL (If not in hospital, give	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1334	Poplar F	tire,	1334 PO	olar Ave.	YES NO
3. NAME OF DECEASED (Type or print)	Marie	L. Galde	Last	4. DATE Mon	th Day Yeor 5 7 2 4 19 6 1
S. SEX	6. COLOR OR RACE 7.	- MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost butthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
Femal.	C 00 11.	/IDOWED DIVORCED	April 3,18	77 84 угз.	Months Doys Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work don warking life, even if retired)	ne 10b. KIND OF BUSINESS OR INDU	STRE 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
HOUSE	work	Own Home	Mary	land	10.3.17.
13. FATHER'S NAME	1		14. MOTHER'S MAIOEN I	NAME	
1S. WAS DECEASED	EVER IN U. S. ARMED FORCES	SOLV COCIAL SECURITY NO. 127.1	HAN NO ///	Hmmenn	EUSER
(Yes, no, or unknown)	(If yes, give wor or doles of service		MORMANI	Addi	10 1. 1
IVO			15. George L	oristin 133	Topler HIVE
	DEATH Enter only one couse DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e per line for (a), (b), and (c).	i heart	Parline	ONSET AND DEATH
42	DUE TO	0.10, 0	4, 0	1117	
Conditions, i		Chlinosell	rolle (- V D	
couse (o), stoti	ing the under-				
lying couse lo					
VOLE PART II.	OTHER SIGNIFICANT CONDIT	TIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING 20 ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
	JURY Month, Doy, Year		LACE OF INJURY (Home, farr		(County) (State
Hour o.	19	While Not white to	actory, street, office bldg., etc	c.)	
			8/2/ 10	61. to 8/20	1 10 (a) that (1) (was less
	eased alive an	attended the deceased fram.	1		I, 19_Ce_I, that (I) (we) last an the date stated above
22g SIGNATURE		J. J	dedili discorred di	, mon me couses an	22b. DATE
X. en	best of	Denckas	M.D. PHYS.	AED. STAFF PHYS.	SIGNE
22. PHYSICIAN NAME (Type		+ J. Levick	22d. ADDRESS 5305	East Dri	VE.
23a. BURIAL, CREMA REMOVAL (Spec		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town,	or county) (State)
Buris	1 0/2/4	· / Woodlaws	a cemetery	Poltinoi	1 Morylanc
24. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS	250. FEC	SETTING TO A	STRAR'S SIGNATURE
mur	le, Vmc. 19	To Suphur I	P. OGL DATE		7. Thur & House

Advanced the second of the sec A POLITICE PROPERTY AND THE Emiliar Control of the Control of th the state of the s STANDARD STANDARD STANDARD The Marie Berger 187 and market market 187 and 188

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8849 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete timits, write RURAL and give neerest town) and þ write RURAL end give neerest town) 10vr8mth2lidvs Baltimore Catonsville in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS GROVE STATE HOSPITAL. 1000 Bentalou Street SPRING NAME OF First Middle Lest 4. DATE Month Day DECEASED (Type or print) Alice Goll DEATH Annie August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers LIF UNDER 1 YEAR) lest birthdey) Months a white femald DIVORCED Aug. WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove dona during most of working life, even if retired) U. S. A. housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Annie James Lett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Address (Yas, no, or unkown) | (If yes give wer or detes of service) HOSPITAL Records: SPRING GROVE STATE the unknown permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c), PART I. DEATH WAS CAUSED BY: PO Terminal pneumonia IMMEDIATE CAUSE (e) emation, burial-transit DUE TO been Conditions, if any, which (b) gava rise to immedieta causa DUE TO (a), stating the underlying has cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY Senile brain disease prior 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. et work at work

certificate aftending ig physician. attending hospital or an certificate has his he DIRECTOR: FUNERAL ector, filed death.

O FUI

directo

be filec VR A15 (4) 15M 9/60

(State)

PERFORMED? NO [

. IS RESIDENCE ON A FARM?

YES NO

19 6L

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

Year

22b. DATE

SIGNED

saw the deceased alive on......Aug. ... 25...... 19. 61, and that death occurred al..... 22a. SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

Stella Wachsler, M. D.

M.D.

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING PHYS. 22d. ADDRESS DIRECTOR PHYS. SPRING

Catonsville 28. Maryland

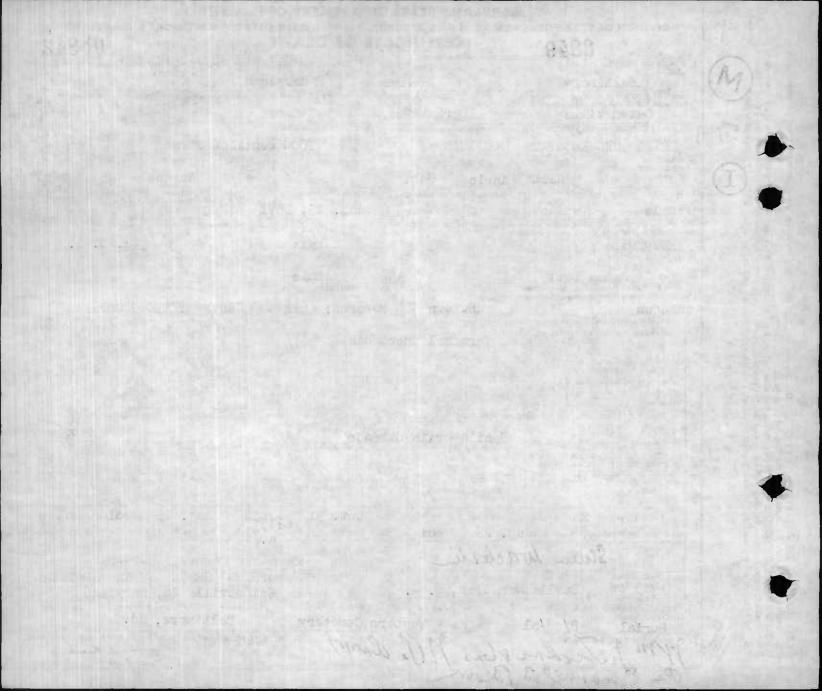
23d. LOCATION (City, town or county)

STATE GROVE HOSPITAL

23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Burial

Western Cemetery

Baltimore, Md. 25e. REC'D TE REGISTRAR | 25b. REGISTRAR'S SIGNATURE Commo de Thomas

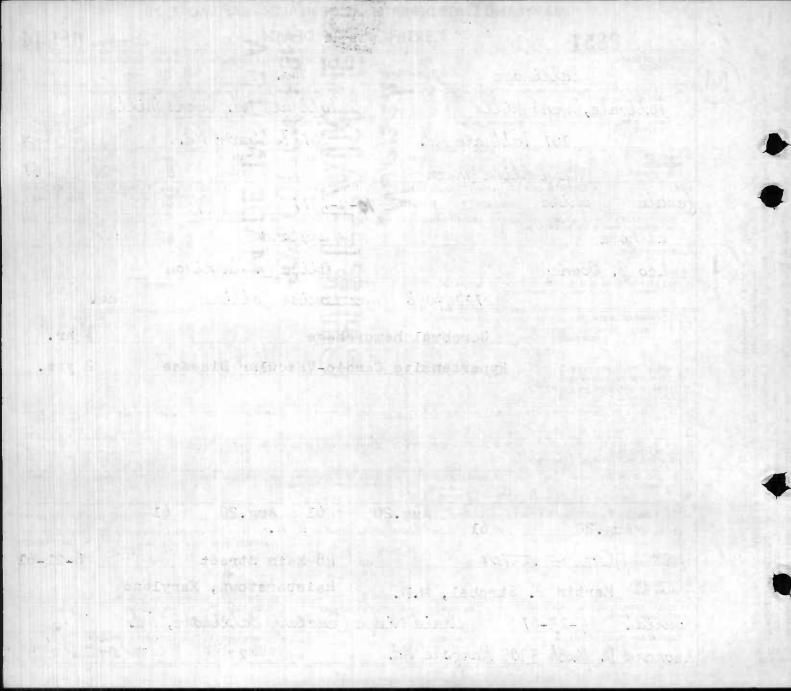


1	50		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
P S c	1		8850 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	118843
shauld b		1. P	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence become deceased lived. If Institutions Residence because deceased lived. Institutions Residence because deceased lived. In Institutions Residence because deceased lived. In Institutions Residence because deceased lived. In Institution Residence because deceased liv	
Page 1	(M)	b	b. CITY OR TOWN (If outside corporate limits, write RURAL and give and give nearest trings) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest trings)	nearest lawn)
ector.	X	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give preet address) d. STREET ADDRESS The transfer of the transfer o	e. IS RESIDENCE ON A FARM? YES NO DE
neral rour gistrar	T		NAME OF DECRASED (Type or print)	
4 P	4	5. \$	The state of the s	R IF UNDER 24 HRS. Haurs Min.
nd 3 to retain		10a.	a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN (OF WHAT COUNTRY?
1, 2, a may be may be		13.	FATHER'S NAME II. MOTHER'S MAIDEN NAME	. x.a.
e Pages Page 5			WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or doles of service)	Delpayi
P.M3.			18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ERVAL BETWEEN ISET AND DEATH
th form			DUE TO	
pencil in slong wi burial-tra			Canditians, if any, which gave rise to immediate cause (a), stating the underlying DUE TO	
ffice as a		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
l'pending miner's Ol	EC/s	CERTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	TES NO B
3 Would	519	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) Hour a. m. 19 While at work of work	(State)
Meding P	= 4	2	p. m. 19 at work	, and find that
te, wri			death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined cause .	
to the			SIGNATURE MEDICAL EXAMINER 1010 Total de ASSISTANT MEDICAL EXAMINER	111125 G
orwar FUNERA r remava			EXAMINER'S GEO. S. M. RIEFFER, M.D DEPUTY MEDICAL EXAMINER	ing se, s.
10 PT 0	-0	1	D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	Med.
'S. A1SME(S) 5M 9/5S	B	23.	EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS AUG 3 0 '61 Oxlug 9:	
			I Condal Sown, ned,	

RECORDER OF THE PARTY OF THE PA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/S8



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TO DEPUTY, MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	t should t		TO FUNERAL DIRECTOR: Page 5 would be used as a burial-transit permit. File pages 1 and 2 with registrat prior to burial, cremation,	
cessony,	Poge .		o burial,	(
ay is ne	di setor	1	prior !	
any del	funeral	r your	registra	
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DEP	cute t	forwa	FUN	or ret
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23. FUNERAL DIRECTOR'S SIGNATURE

		MAR	YLAN	ND ST	ATE DE	PARTME	NT OF HEALT	H-BAL	TIMORE,	18		
	8	852	MEDI	CAL	EXA	MINER'S	CERTIFICA	TE OF	DEATH	Reg. Dis	1. No. 188	245
1. PLACE OF DE	EATH						2. USUAL RESIDENCE (Where decease			ce befare adm	issian)
d. COUNTY	BAI	TIMOR	1			MARYLAND	o. STATE MARY	LAND_	b. COUNT	Υ		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necres fown)				c. CITY OR TOWN (orate limits, write	RURAL and	give nearest to	wn)			
	ESS					CEK		IMORE		-	197	
	3605	NORTH	POI		al, give stree BLVD.	t address)	d. STREET ADDRESS	BAYL:	IS STRE	ET	ON	A FARM?
3. NAME OF DECEASED			First		M	iddle	Lost	4. DATE OF	Mon	h	Doy \	Year
(Type or prin	it)	JOHAN!	NA		FLI	EANOR	GURN	DEATH	AUG	UST 1	5, 1	19 61
5. SEX	-	. COLOR OR F	ACE 7.	MARRIED	NEVER	MARRIED 18.	DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UND	
FEMALE	E	WHITE	WI	DOWED [DIV	ORCED []	MARCH 17,1	886	75 yrs.	Months D	ays Hours	Min.
10a. USUAL OC	CUPATION	(Give kind of sife, even if ret	work done	10b. KIN	D OF BUSIN	ESS OR INDUST	RY 11. BIRTHPLACE (Stote	e ar fareign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?
SEAMS	STRES	S RET	IRED	B. 1	7. D. (CORP.	BALTIM	ORE M.	ARYLAND	U.	S.A.	
13. FATHER'S N							14. MOTHER'S MAIDEN	NAME				
FRE	EDERI	ICK GU	RN				CAR	OLINE	BAG	ER		
15. WAS DECEA		IN U. S. ARME			CIAL SECUR	TY NO. 17. IN	FORMANT		Address			
NO	., (yes, give war or or	or service	2]	2 10	5218	Mrs Elean	or Co:	x 3605	North	Poin	t Blvd
18. CAUSE	OF DEATH	[Enter only or	e cause p	er line for	(a), (b), and	(c).]					INTERVAL BETWO	EEN
PART		WAS CAUSED		H	-5-	C-V-	DISEN.	5e			ONSET AND DE	
4	1 1		E TO									
Conditions	s, if any,	11	(b)									
gove rise to		> P.11	TO			E CONTRACTOR						
(o), stoting		seriying	(c)									
Z PART	II. OTHER	SIGNIFICANT		NS CON	TRIBUTING T	O DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. WAS	AUTOPSY
ATIA					1	//					YES T	NO NO
PART OIL V V V V V V V V V V V V V V V V V V V	or CONTI	WAS -	20b. DI	SCRIBE H	IOW INJURY	OCCUPRED. TE	nature of injury in Po	rt I or Part II	of item 18.)			7
No. TIME C		Month, Day	, Year		URY OCCUR		E OF INJURY (Home, for		or town)	(Coun	ity)	(Stote)
20c. TIME O	a. m. p. m.		19	While of wark	Not whi	10 1	ry, street, office bldg., etc	E-)		/		
21. I cer	tify that	I took che	arge af	the re	mains des	cribed abay	ve, held an Autop	sy 🔲, In	spection [Inquiry	D, and	find that
death re	sulted fi	om: Natu	ral cau	ses 🔲	Accide	nt [], Suid	ide [], Hamicid	e □, Ur	determined	cause [].		
ACTUAL SIGNATURE	· V	m	38	Da	vo		_M.D. CHIEF MEDICAL E	XAMINER [0/	DATE	SIGNED
EXAMINER NAME (Typ	t's	m.B	DA.	W	is M	D	ASSISTANT MEDICAL			8/1	6/6,	/
22a. BURIAL, CR REMOVAL (BURI	(Specify)	Aug.	17,	196		CEMETERY OR RST EV.	CREMATORY ANGELICAL		TIMORE		LAND (Stot	re)

240. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

ADDRESS

HENRY SANDER & SONS INC. BALTIMORE MD.

VS. A15ME(5) 5M 9/55

ACAL EXAMINESTS CHRISTICATE OF DEATH AND PADE		
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		N ZADE

FOR STATE EALTH DEPT. ACE OF DEATH COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Woodlawn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 1832 Colmar Rd. 2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Woodlawn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 1832 Colmar Rd.	give neerest town)
write RURAL end give neerest town) Woodlawn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	
	a. IS RESIDENCE
	ON A FARM?
3. NAME OF First Middle Last OF DECEASED (Type or print) Harry W. Hammel Sr. DEATH Aug. 29. 7	Pey Yeer 1961
We Widowed Divorced Sept.19,1894 67/09rs.	YEAR IF UNDER 24 HRS. Bys Hours Min. EN OF WHAT COUNTRY?
done during most of working life, even if retired)	SA
William F. Hammel Mae 15. WAS DECEASED EYER IN U. S. ARRED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. 17. INFORMANT Address	Md.
215-03-2793 Thelma V. Hammel, 1832 Colmar 18. CAUSE OF DEATH [Enter only one cause per lina to (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause (e), stelling the underlying cause lest. Column (c) DUE TO Conditions, if any and the underlying cause lest. Column (c) DUE TO Conditions, if any and the underlying cause lest. Column (c) DUE TO Conditions, if any and the underlying cause lest. Column (c) DUE TO Conditions, if any and the underlying cause lest. Column (c)	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 PART III. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 PART III. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 PART III. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 PART III. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 PART III. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 PART III. OTHER SIGNIFICANT CONDITION GIVEN	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Dey, Year Photo Service Services Servic	
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry	and in my opinion AUS MEDICAL STONES
NAME (Type) NAME	(State)
VS. A15ME 5M 7/59 Burial Sept.1/61 Loudon Park Cemty. Balto.Md. ADDRESS Witzke F.D. 4101 Edmondson Ave. Burial Sept.1/61 Loudon Park Cemty. Balto.Md. 248. REC'D BY REGISTRAR'S SIGNATION AVE. DATE AUG 3 1 '61 DATE DATE	

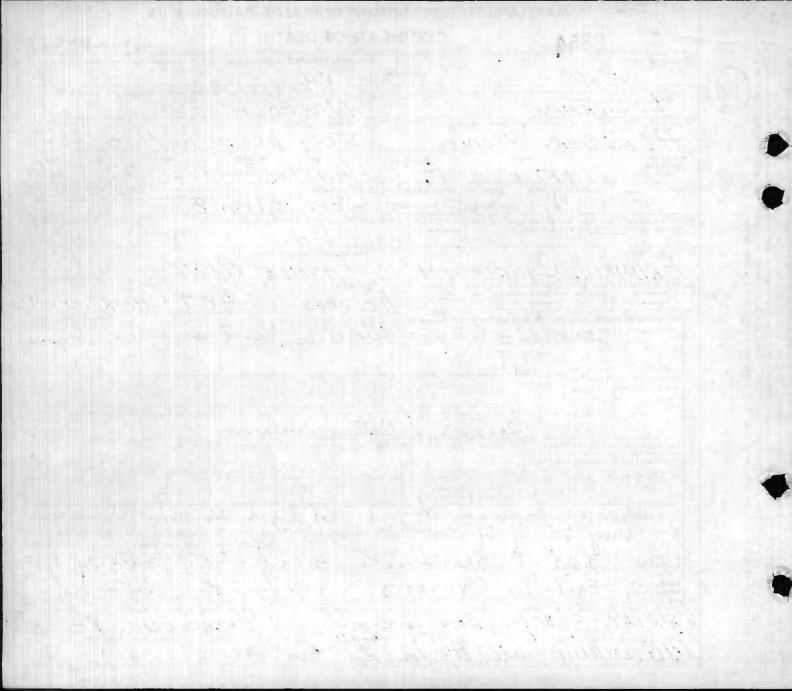
A DAVI A NID ATTACK DEPARTMENT AND MENTERS

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	3
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	8854	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	18847
1.	PLACE OF DEATH a. COUNTY BALTO	MARYLAND	2. USUAL RESIDENCE (Whe	re deceosed lived. If institution b. COUNTY	an: Residence before	admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	NORFO	tside corporate limits, write RI		83X-3
	d. NAME OF HOSPITAL (If not in hospital, give street of TUSSITUTION	om e	d. STREET ADDRESS	eroum		IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Middle	HANGER	4. DATE OF AUC.	th 27. Day	Yeor G
5.	SEX 6. COLOR OR PACE 7. MARR WIDOWE	DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthdoy) 80 yrs.	Months Days	Hours Min.
10	USUAL OCCUPATION (Give kind of wark dane during mast af warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	r fareign cauntry)	12. CITIZEN OF W	VHAT COUNTRY?
13	FATHER'S NAME FRANKLIN. CALBR	earH.	14. MOTHER'S MAIDEN NA	- HANEL	/	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 18. no, or unknown] (If yes, give war or dates of service)	SOCIAL SECURITY NO.	COROS	6811	AMPI	ELD RO
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse last. DUE TO County of the under-lying couse last.	e far (a), (b), ond (c).] arteriò « Se	lerotic H	leart Dese	INTER	VAL BETWEEN THE PROPERTY OF TH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	endinged a	teno Sele	cross -	1 1 1 1 1 1 1	WAS AUTOPSY PERFORMED? YES NO 2
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW (AJURY OCCURR	D. (Enter nature of injury in Pa	ort I ar Port II of item 1B.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. IN Haur a. m. 19 While ot wark	Nat while fo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(Caunty)	(State)
	21. I certify that I attended the decease alive an actual signature and L-		1 , 1961, to Cin accurred at 0.18/1			
L	PHYSICIAN'S Ear L.	Chambers	. 4108. £	ebents #5	Balto 1	not
22	BURIAL CREMATION, 226. DATE THEREOF	Beth. Lu. C		22d. LOCATION (City, town, of	or county)	(Stafe)
73	FORMARY PIRECTOR'S SIGNATURE (1000) 1006	Huford.	Pol med DATE	WG 2 9 '61	STRAR'S SIGNATURE	
						DOCTOR .



	Iner	houle	1
	IAL DIRECTOR: A this certificate has been signed by the attending physician a simpletery miled in by the funera	age 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and <u>2 s</u> hould	ith the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after defin.
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3 4 may be retained the hospital or attending physician.	B:	e de	pt.
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 8855 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesed lived, If Institution: Residence before edmission)

Baltimor	е	MARYLAND	Maryland	1				
b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	outsida corporete limits, write	RURAL and give neerest town)			
Fort How		44 Days	Baltimo	re 14	3101-4			
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	n hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE			
	Administratio	on Hospital	4803 Ar	abia Avenue	ON A FARM? YES NO 2			
3. NAME OF DECEASED (Type or print)	GEORGE	Middle A.	HARRIS	4. DATE Month OF DEATH August	25 19 61			
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED 1 8	B. DATE OF BIRTH	9. AGE (In yeers				
Male	T.The of the co		February 17,	1889 72 yrs.	Months Days Hours Min.			
10a. USUAL OCCUPAT	ION (Giva kind of work life, even if retirad)	Db. KIND OF BUSINESS OR INDUSTR		y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME			14. MOTHER'S MAIDEN		U. S. A.			
Frank Harri	ls		Mary Slick					
15. WAS DECEASED EV (Yes, no or unkown) (I	ER IN U.S. ARMED FORCES? fyes giva wer or dates of sarvica) WW I	16. SOCIAL SECURITY NO. 215-03-7911		s, VAH, Baltimo	ore 18, Maryland Division			
18. CAUSE OF D	EATH [Enter only one cause	per lina for (a), (b), and (c).]		-	INTERVAL BETWEEN			
	H WAS CAUSED BY:	MVGCADDTAT TIMA	DOMESTA		1-1/2 HRS			
4	IMMEDIATE CAUSE (a)	MYOCARDIAL INFA	RCT_LON		1-1/2 1110			
	DUE TO	ADDEDTAGGTEDART	CARDITOTA CENT	TAD TOTOTIAGE	YEARS			
	Conditions, if any, which gava rise to immediate cause							
(e), stating tha u	DUETO							
causa last.) (c)	ARTERIOSCLEROSIS			YEARS			
PART II. OTHER		emiparesis, Cld			EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
Merco		ourrher corp.	Icarron Tittero	0 01	YES NO			
PART II. OTHER Right CV 2Da. ACCIDENT WOO OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 2Db. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED). (Enter natura of injury in f	art I or Part II of item 18.)				
20c. TIME OF INJU Hour a.m. p.m.	1		ACE OF INJURY (Homa, farm tory, straet, offica bldg., atc.		(County) (Stata)			
21. I certify t	hat (* (this hospital) a	ttended the deceased from	July 123:28	M. from the causes	25, 1961., that (X) (we) land on the date stated above			
22a. SIGNATURE	۸				22b. DATE			
	2.1			NED. STAFF	8-25-61			
22c. PHYSICIAN'S	Warte V	Margarette "	22d. ADDRESS		0-20-01			
NAME (Typa)	MERIE J. MAN	PLER M.B.	VAH Balti	more 18 Md - F	t Howard Division			
	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (Stata)			
REMOVAL (Spacify)	8/29/61	LOUDIN PARK (EMETERY	BALTTMORE	MARYT.AND			
24 FUNERAL DIRECTOR		ADDRESS	25a. REG		GISTRAR'S SIGNATURE			
	er & Sons Inc	North & Penns	sylvania DATE	19.61 C	ribury S. Kraus			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE 8856

	OF DEATH				()	88	49)
,	MOUNT DECIDENCE	(M/hour doorse	d lined I	f Inchiqueian.	Paridanca	before	admis	ű

1. PLACE OF DEATH a. COUNTY Baltimore	a. STATE Manual b. COUNTY Day and a sidence before admission)
MARYLAND	maryland -altimore
write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS . 15 RESIDENCE
804 Stags Head Rd.	804 Stags Head Rd.
3. NAME OF First Middle	Last 4. DATE Month Day Yaar
	HARTER OF Aug. 18,1961 19
Mala White	ept. 11,1893 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
10e. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retired) Construction, Air Fields -Construction. 13. FATHER'S NAME	tion Pennsylvania 14. MOTHER'S MAIDEN NAME
Harry Harter	Lillian Orwig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address 804 Stags Hea
Yes (Ifyasgivewarordatasofsarvice) None M	rs. Carl F. Schunemann Rd. Towson, Md
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carebro - Vasco	lan Hemmanya ONSET AND DESTH
4 2211 DUE TO 0	
	Heart Falme 1 yr
gava risa to immediata causa	y and your
(a), stating the underlying cause last.	10+420
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Some fol CVA's	PERFORMED?
PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Entar natura of injury in Part I or Part II of itam 18.)
	ACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata)
at work at work	tory, straet, offica bldg., atc.)
21. I certify that (I) (this hospital) attended the deceased from.	10/10, 1969 to 5/18 196/that (1) (m) las
	death occured at
22a. SIGNATURE	, 22b. DATE
With at The	A.D. PHYS. ATTENDING MED. STAFF PHYS. SIGNED
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	Mifflinhung Donnerstrande
Burial Aug. 22,1961 Mifflinb	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WM Cook-Towson, Inc Towson, Marylan	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

TO HOST PLOR ATTENDED 15 PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. The law be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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O. HARTER AUG. 18,1961

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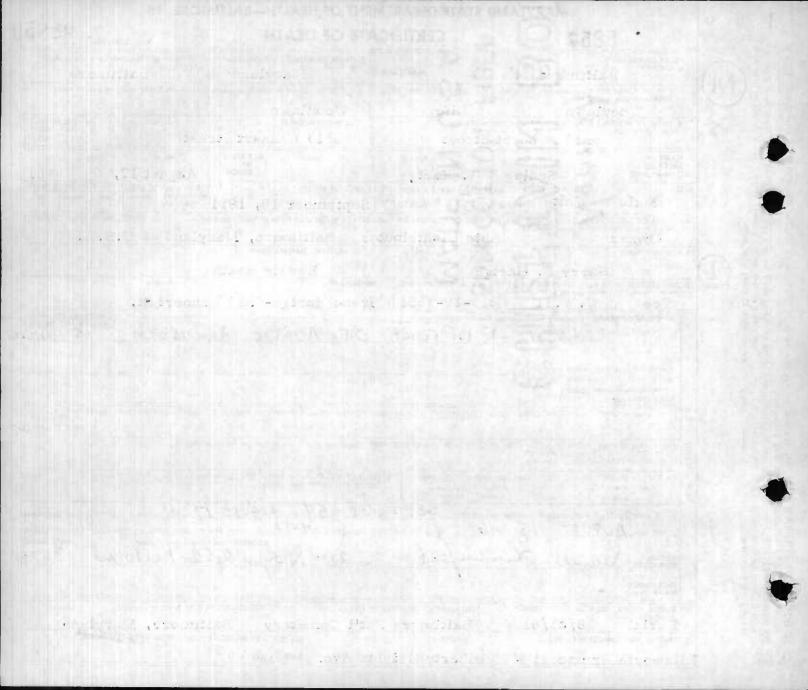
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CERTIFICATE OF DEATH

08850 Rea Dist No

						1101
1. PLACE OF DEATH a. COUNTY Ba	altimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	. b C(institution: Residence OUNTY Balti:	
RURAL ond give ne	f outside corporote limits, write arest town) 11awn	c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (IF o	utside corparate limits,		
	AL (If not in hospitol, give stree 6513 Lehnert	et oddress)	d. STREET ADDRESS	nert Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Sudler	Middle R. Hartge	Last	4. DATE OF DEATH A	Month ugust 17,	Day Yeor 19 6 1
5. SEX Male	3171-14-	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH September 1	9. AGE (In	years IF UNDER 1	YEAR IF UNDER 24 HRS. Pays Hours Min.
Our USUAL OCCUPATION during most of work Owner 3. FATHER'S NAME	ing life, even if retired)	b. KIND OF BUSINESS OR INDU Auto DisXtributo		e, Maryla		OF WHAT COUNTRY?
	Janny F Want			Heath		
S. WAS DECEASED EVER	Harry F. Hart		INFORMANT	пеаш	Address	
Yes. no. or unknown)	If yes, give war or dates of service) W.W.11	213-10-3651	Irene Hartge-	6513 Lehn	ert St.	
Conditions, if or gove rise to in couse (o), storing I lying couse lost.	nmediate DUE TO	S CONTRIBUTING TO DEATH BUT	T NOT DELATED TO THE TEDMIN	NAI DISEASE CONDITIO	ON CIVEN IN PART	(A) 19 WAS AUTOPSY
OATO		S CONTRIBUTING TO DEATH BOT	THOT KELATED TO THE TERMIN	THAT DISEASE CONDITION	DIN GIVEN IN PART	PERFORMED? YES NO
O (IF ETHER, NOTET	S UNDERLYING 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in F	Port 1 or Port II of item	18.)	
Hour o.m.	19 Whi	le Not while fo	LACE OF INJURY IHome, form octory, street, office bldg., etc.)		unty) (Stote)
		ased fram SEPTEM.	h accurred at 4:45 A		ses and an the	
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City,	town, or county)	(Stote)
Burial (Specify)	8/21/61		at'l Cemetery		nore, Man	
3. FUNERAL DIRECTOR:		ADDRESS Liberty Heigh		D BY REGISTRAR 24	o. REGISTRAR'S SUCH	WARDE "

y the funeral directar, 2 should be filed with after death. Page 4 filled CIAN: The law requires that the death certificate be executed within 24 Uttending physician. erificate has been signed by the attending physician and campase the burial-transit permit. Then please remave carban papersion, ar remaval, and in any event within 72 haurs after death. page 3 shauld be detached far use as the the registrar prior to burial, crematian, ar may be the fined by the haspita
TO FUNERAL DIRECTOR: After th VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 8853 CERTIFICATE OF DEATH director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) P 12500 shou the NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? 0 YES NO P NAME OF DATE Los Manth Day DECEASED death (Type or print) DEATH AGE (in years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Manths ofter Days Hours DIVORCED WIDOWED | yrs. papers. comp USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) puo OUSE WOYK pou FATHER'S NAME 72 14. MOTHER'S MAIDEN NAME physician Cor with remove IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending please any 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
| IMMEDIATE CAUSE (0) LURO the DUE TO by permit remaval Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underurial-transit lying cause last. peen : PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY cremation, PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) Sign MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a. m While Not while 0 at work at work haspital After th for 21. I certify that (1) (this hospital) attended the deceased from august 7 1961 to august . 19_6/that (1) (we) last ā ed saw the deceased alive an account 27.1961, and that death accurred at 9A.M., from the causes and an the date stated above. PIRECTOR: 22o. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS. Board 22c. PHYSICIAN'S 22d. ADDRESS should NAME (Type) FUNERAL tote 3 23a. BURIAL, CREMATION. page the St REMOVAL (Specify) LOUDON 0 25b. REGISTRAR'S SIGNATURE arthur & Kraus DATE

Year

19 6

(State)

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 08852

1. PLACE OF DEATH	i			2. USUAL	RESIDEN	CE (Whare da	ceasad livad, If i		idance before	admission)
	Baltimore MARYLAND				a. STATE B. COUNTY					
b. CITY OR TOWN (if outsida corporata limi I give nearest town)	ts,	c. LENGTH OF STAY IN 16		The second second second	f outside corp	orate limits, write	RURAL and	giva neerest to	own)
Baltimor			79 Days	Balt	imore	16		3V0	1.4	
		if not in hos	pital, giva straet address)		ADDRESS					RESIDENCE
Veterans	Administra	ation	Hospital	2917	West	North	Avenue			NO X
3. NAME OF DECEASED	First		Middle	Last		4. DATE OF	Month		Day Y	aar
(Type or print)	STANI	EY	G.	HENRY		DEATH	Aubus	t	28 1	961
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIR	тн	19	. AGE (In years	Mark Control		ER 24 HRS.
Male	Negro	WIDOWE		August	16.19	927	34 yrs.	Months Da	ys Hours	Min.
10a. USUAL OCCUPAT	ION (Giva kind of work	10b. KI	ND OF BUSINESS OR INDUST	0			foreign country)	12. CITIZ	EN OF WHAT	COUNTRY
	aper Hanger			Rolt	imore	, Mary	land		U. S.	Λ
13. FATHER'S NAME	aper Hanger			14. MOTHER			Laud		0. 5.	A.
Chanla	Tours			Trd on and on	d = 17-					
15. WAS DECEASED EV	y Henry	CES? 16	SOCIAL SECURITY NO. 17.	Virgin	1a Ha	rris	Address			
(Yes, no, or unkown) (I	fyesgive war or dates of s		CI	inical	Recor	ds, VAH		ore 18	, Mary	land
Yes	WW II	2	20-14-9247		7	For		Divis	ion	
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)		CEPHALOMALACIA						ONSET AN	
- 21	A	- Lilly	CIRC INTOINITIES TO						ONIL	WHIT.
Condition	DUE TO	CI	RRHOSIS OF LIV	ER					15	YEARS
Conditions, if any	into cause									
(a), stating tha u	A 4 4 6 7		NCREATIC LITHI	AGTG					SEV.	YEARS
causa last.) (c)				THE TENIAL	IAI DICTACE	an initial and			
9	R SIGNIFICANT CONDI HOPNEUMONTA		TRIBUTING TO DEATH BUT NO	OI RELATED TO	IME TERMIN	AAL DISEASE	CONDITION GIV	EN IN PAKE		AUTOPSY FORMED?
20a ACCIDENT W	AS UNDERLYING		CRIBE HOW INJURY OCCURED). (Enter natura d	of injury in	Part I or Part I	l of itam 18.1		1123	NO L
OR CONTRIBUTING	CAUSE OF DEATH	200. 003	ENDE HOW MOOK! OCCURE	y, (Enter Marera)	or injury in	on For Fall P	, or main 10.,			Total Control
ZDc. TIME OF INJU	IRY Month, Day, Ye	ar 2Dd.	NJURY OCCURRED 200. PLA	ACE OF INJURY	(Homa, ferm	2Df. (Cit	y or town)	(Count	(y)	(Stete)
2Dc, TIME OF INJU	19	While at work	THOU WILLIAM	tory, streat, offic	e bidg., etc.	.)				
				Tuno 10		1067 10	Assoct S	8 167	that (4)	(wa) last
any the deser	nd alive on A	anend	ded the deceased from. 28,1961, and that	death occu	3:0	5 M from	the causes	and on the	e date sta	ed above
22a. SIGNATURE	Sed allve oli	Remo	209 and man	Geath Occu	, ou al. p.	, 11011	1 1110 000303	ona on m		2b. DATE
CO	- h)	0	ATTENDII		AED.	STAFF PHYS.		100	8/301/2
22c. PHYSICIAN'S	m / de	un	N	A.D. PHYS.	Land					-1-710
SEBASTIA	N RIISSO M	n				TIMORE	18,MD.,	WOH THE	ARD DT	UTSTON
23a. BURIAL, CREMATI		REOF	23c. NAME OF CEMETERY			23d. LOC	ATION (City, to	vn or county)	T. T. T.	(Stata)
REMOVAL (Specify)		. ,	Baltimore Nat			-	altimore	- 0	, Mary	Carried 1
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		2Sa. REC	'D BY REGIS	TRAR 25b. REC	GISTRAR'S SI	GNATURE	
		D	ley Ave., Balt	. 777 353	DATESE	P 1 '61	(1)	1 - 0 4		
Elroy O.	Wilson1000	Brant	ley Ave., Belt	O. LI, Md	T. T.		- Un	thun 8 th	saus	

To Days Sept 27 Vecessia de dalestro los dispellos de Varios de Company STATISTY C. August 16, 1927 in the Trinter Paper Henger Strailey Houst see Maintel Seconds To Table 1 Box State 1 December 1 Decem 11, 10 some Vall HOUSE COME DELTE. PR. NO. COME LANGE COME. SUPPLIED INSECT N.D. Rivey O. wilnericky Ave., Salte-17.Mt. I The Wallet Manual of the Manual of the Salte of the Sal

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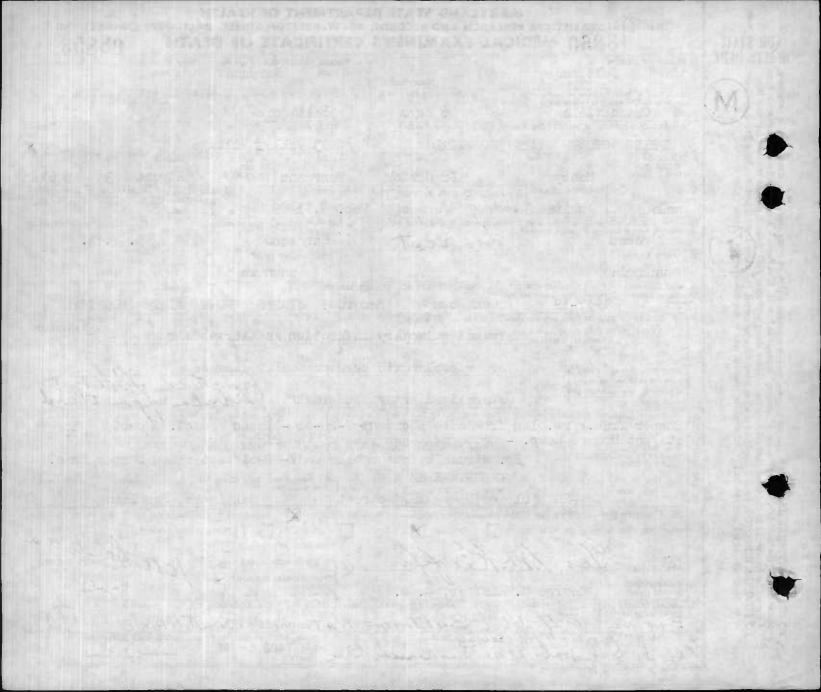
by is necessary, I director, Page Health, is necessary, files. for your TO DEP. ** MEDICAL EXAMPLES. This certificate should be executed within 24 hours after deciding be assessed with the certificate, which word "pending" in pencil in Item 18. Give Pages 1, 2, and to the family directly a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8850 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08853

-										000
1.	e. COUNTY B	altimore		MARYLI	IND	2. USUAL RESIDEN	ce (Where deced	b. COUNT		nce before admissi
Y		f outside corporete lim	its,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)				
1	write RURAL and give neerest town) Catonsville 6 days			Baltimore 3V01-4						
	d. NAME OF HOSPIT	AL OR INSTITUTION	if not in hos	pitel, give street address	1)	d. STREET ADDRESS			774	e. IS RESIDEN
	SPRING	GROVE STA	TE HO	SPITAL		13 Oak]	Lex Villa	rge		YES NO
3.	NAME OF DECEASED	First		Middle		Lesi	4. DATE	Month	Day	Yeer
	(Type or print)	Henry		Frederic	ck	Herrmann	DEATH	Aug	ust 3	19 61
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8.	DATE OF BIRTH	9. A	GE (In years I	F UNDER 1 YEAR	IF UNDER 24 HR
	ma le	white	WIDOWE	D DIVORCED		Feb. 5, 1889	7	2 yrs.	Months Days	Hours Min.
10	. USUAL OCCUPATI	ON (Give kind of work	10b. K	NO OF BUSINESS OR IN				y)	12. CITIZEN	OF WHAT COUNT
1	fireman	rking life, even if retire		TE DEDT		Marylan	nd		U. S.	A.
13	. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
	unknown					unl	nown			
				SOCIAL SECURITY NO.	17. I	NFORMANT		Address		
	yes	1917-19		nknown	Re	cords: SPRI	NG GROV	E STA	TE HOSP	ITAL
	18. CAUSE OF D	EATH [Enter only one	ceuse per l	ine for (e), (b), end (c).]						TERVAL BETWEEN
	PART I. DEATI	H WAS CAUSED BY:	Termi	nal pulmona	ary	infarction a	and thron	bosis	0	NSET AND DEATH
	A X DUE TO									
	Conditions, if any	, which (b)	Art	eriosclerot	tic	cardiovascul	ar disea	se.	01	1
	geve rise to immedi	ate cause					has	tire	Lista	in X
	(e), stelling the uncause lest.	nderlying Doc 10		ralized art	teri	osclerosis	Vila	1. 11	16	theird
NOL	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH	BUT NO	t 7-20-61 -C	NAL ESEASE CO	ndition give	& cast	19. WAS AUTOPS PERFORMED?
CERTIFICATION		oward Hosp	Ob. DESCR	bsegnent g	REST	ene of the relative of injury in Personal Cobile on 7-2	ight les	m 18.)		res A NO C
X	20c. TIME OF INJU	RY Month, Dey, Ye	er 200.8	ATURY DESIRRED 2	De. PLA	CE OF INJURY (Home, ferr	n, ' 20f. (City or	town	(County)	(State)
MEDIC	Hour e.m.	7-20 19	While		fecto	reet	.)		ary land	(0.0.0)
	21. I certify th	at I took charge	of the rem	ains described abo	ve, he	ld an Autopsy X.	Inspection	, Inquiry	and,	in my opinion
	death resulted f	rom: Natural ca	auses .	Accident .	Suici	de, Homicide	, Undet	ermined ma	nner 🗌	
	1131 118	01	-	1/ 11		CHIEF MEDICAL	EXAMINER [Se	dias
	ACTUAL SIGNATURE	Leo /.	my	inffe	_	M.D. ASSISTANT MED	ICAL EXAMINER	0/01	1000	DATE SIGNED
	EXAMINER'S NAME (Type)			effer, M. D.			L EXAMINER	nty)	8-3-	-61
220	BURIAL, CREMATIO REMOVAL (Specify)	1 1 - 1 -	66	BALTIA		E NATIONA	22d. LOCATION	LTIM		(Stete)
33	2 FUNERAL DINECTO		nilli 2101	2 ADDRESS	de	24e. REC	UG 4 '61	24b. REGIS		
1_	1	11-0			_	- LI DATE		1		b .



within 24 hours after led in by the funeral iges 1 and 2 should TO HOSP AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within death.

TO FUNERAL DIRECTOR:

This certificate has been signed by the attending physician a complete, miled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

RECT CERTIFICATE OF DEATH

	0001	+ am 2 Film C20	4 - 9/5/61	d cale	(, - 0
1. PLACE OF DEAT	Н		2. USUAL RESIDEN	ICE (Where deceased lived, If instituti	ion: Residence before edmission)
Baltimore	e	MARYLAND	a. STATE Maryla	and b. COUNTY	3V11-4
b. CITY OR TOWN	(if outside corporata limits,	c. LENGTH OF STAY IN 16		(If outside corporete limits, write RURA	L end give neerest town)
Fort How	ed give neerest town)	2 Days	4601/1	Parr Mail Road, Ba	ltimore/15/8 Md
	PITAL OR INSTITUTION (if not in he			3305 Nerak Road	e. IS RESIDENCE ON A FARM?
Veterans	Administration	Hospital	/4601/1	Pall/Mall/Road	YES NOW
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Year
(Typa or print)	LOUIS	НОІ	FENBERG	DEATH August	17 1961
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 18.	DATE OF BIRTH	9. AGE (In years IF UN	
Male	White WIDOW		lay 15, 1890	71 yrs. Mont	hs Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTRY		nty & State, or foreign country) 12	. CITIZEN OF WHAT COUNTRY?
Clothing	orking lifa, avan if retired)		New York,	New York	U. S. A.
13. FATHER'S NAME	Cubbel		14. MOTHER'S MAIDEN		
Barrett 1	Hoffenberg		Fannie Bou	uch	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17, 11	FORMANT	18, Maryland	
Yes	(If yes give we ror detes of sarvice)	None Cli	, Baltimore	ds, Fort Howard Div	deion
	DEATH [Enter only one ceuse per	line for (a), (b), end (c).1	Treat Vecol	15, FOI G HOWAIG DIV	I INTERVAL BETWEEN
	TH WAS CAUSED BY				ONSET AND DEATH
1.1 .	IMMEDIATE CAUSE (0)_ CON	GESTIVE HEART F	AILURE		12 HOURS
1 720	DUE TO	DDTOGGT BDOMTG III	DADOS DECEMBES	n	UNKNOWN
Conditions, if an	y, which) (b) AKI	ERIOSCIEROTIC H	EAKT. DISEASI	L	ONTHOWN
geva risa to imma	SAC CALLED THE				
(a), stating the cousa lost.	undariving	EBROVASCULAR ACC	IDENT		12 HOURS
_	ER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY
OF C					PERFORMED?
S ACCIDING	MAS HAIDEDLYING TO 1 201 DI	ESCRIBE HOW INJURY OCCURED.	(Enter nature of lainer in	Part I or Part II of item 19 1	YES NO
OR CONTRIBUTING	WAS UNDERLYING 20b. DI G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED.	fenter nature of infury in	rantiorrentitornemic.	
		. INJURY OCCURRED 20e, PLAC	E OF INJURY (Home, fer	rm, ; 20f. (City or town)	(County) (State)
20c. TIME OF INJ Hour a.m.		for all and an artist of the sales	ry, street, office bldg., et		(000.11)
	19 et w				
21. I certify	that (I) (this hospital) atte	nded the deceased from	August 15	1801, to August 1	19.61 that (we) last
saw the decea	ased alife on August	17 19 61, and that	death occured at	AM, from the causes and	on the date stated above.
220. SIGNATURE	16//	17	ATTENDING	MED. STAFF	22b. DATE SIGNED
MANU	ourson / h	M.E	DUIVE	DIRECTOR PHYS.	8/17/61
22. PHYSICIAN	5	7	22d. ADDRESS		
R. H. RO	BERTSON, M.D.		VAH, BALT	IMORE 18, MD. FT.1	HOWARD DIVISION
23a. BURIAL, CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town or o	county) (State)
REMOVAL (Spacify	8/20/61	Baltimore Hel	orew Cong.	Baltimore, Mar	yland
24 FUNERAL DIRECTO				C'D BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
Sol Levi	nson & Bros. Re:	isterstown Rd.&	Pinkney DATE A	Up 2 8 01 Cirthur	S. Kraud

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MADVIAND STATE DEDADTMENT OF HEALTH DI

TO HOS I'L OR ATTENDY PHYSICIAN: The law requires that the death certificate of executed whin 24 hours after death. Page 4 may be retained the hospital or attending physician.

S TO FUNERAL DIRECTOR: And this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then plages remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

M	AKILAND SIAIE DEP	AKIMENIO	r meall		
VISION OF STATISTICAL R	ESEARCH AND RECORDS,	301 W. PRESTOI	N STREET,	BALTIMORE 1,	MARYLAND _
0000	CERTIFICATE	OF DEATH	Commence of		11885

-	EASED SCS		CERTIFICA	TE OF DEA		(10000)
(Type or Print)		ANNA	M. Hor.	ar.	2. DATE O	
3. PLACE OF I	DEATH IN BALTIMOR			A USUAL RESIDENC	F (Where deceased lived. If	GUST 3, 1961 institution: residence before admission)
	0		1	A. STATE	s. COUNTY	1/2 1
FULL NAME OF	(IF NOT IN HOSPITATOR INST	MUTION; GIVE ST	REET County		YLAND -	_ 3001_4
INSTITUTION				c. CITY OR TOWN	(If autside	e city limits, write RURAL and give lawnship)
ACA A	MERCY VI	LLA		BALS	IMORE	
0,10	D	A		D. STREET ADDRESS		(If rural, give location)
		AVE		1000		Street
S. SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs.
FEMALE	WHITE		IDOWED	A I	30UT 76	Manths Days Haurs Min.
IO.A USUAL OF	CCUPATION (Give kind of most of working life, even		OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
				D	W-	WHAT COUNTRY?
3. FATHER'S NAA	SEWIFE	1		BALTII		
Jennes J IVAN				14. MOTHER'S MAIDE	IN NAME	
•	MICHAEL		G	GERS	PRUDE C. S.	CHILLING
. Was Deceased	Ever in U. S. Armed Farces? (If yes, give war ar date:	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	, , , , , ,		SECORITI NO.	Mag Mass	1 00000 11	6 W. UNIVERSITY
18.			CAUC	E OF DEATH	H UREN II	
	11 do 11 11 11 11 11 11 11 11 11 11 11 11 11	12	CAUS	DE OF DEATH		INTERVAL BETWEEN P_{K}
DISEASI	DISEASE OR CONDITION DIRECTLY A 2. (A) Arter			rio scleroti	c cardio-	10 years
(This does no	This does not meon the mode of dying, e.g.,			ascular dise		
injury or co	ury or complication which caused death.)				ase	
1 1 1 1 1	ANTECEDENT CAUSES		(B)			
DISEASES C	OR CONDITIONS, IF ANY	, GIVING	DUE TO			
	E ABOVE CAUSE (A) STAT	ING THE	(C)			
			(0/			
OTHER SIGNII TO THE DISEASE OR C	11.00	43				
OTHER SIGNI	FICANT CONDITIONS CON'DEATH BUT NOT RELATI	TRIBUTING				
DISEASE OR C	CONDITION CAUSING IT.	D 10 111				
IF OPERATION	WAS RELATED TO 19 ATH, ENTER IN	A. DATE OF	PERATION	198. CONDITION FOR WH	IICH OPERATION	20. AUTOPSY?
PART TORPA	RT-11					YES NO NO
Certify	that (I) (this hospital)	attended	the deceased from	December 1	0,	19 <u>.55</u> ta
August	3	9 61	that (1) (SWE) last say	w the deceased alive	on J117 tr 20	10 67
and that is	n (my) (our) apinion d	eath accur	red at 6:25 A	from the cause	s and an the date star	ted above.
23A. SIGNATU	RE CHALL	NNI	2	Bs. ADDRESS		23c. DATE SIGNED
ATTENDING P	The state of the s	STAFF PH	M. D. E	leven East C	hase Street	8-1,-67
MOVAL (Specify)	MATION, 24s. DATE	24c. N	ME OF CEMETERY OR CRE	MATORY	240. LOCATION ((City, town, or county) (State)
73	0 /= / 0	,	77	*	_	
ALDATE REC'D B	Y HEALTH DEPT	250 NAME	HOLY REDI	TE MER	BALTIMO	ORE, MARYLAND
	AUG 9 '61			25c. FUNERAL DI		ADDRESS
	720M Q 01	Corney	S. Flines	H.W.ME	ARS & SON	805 N. CALVERT

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THE NAME OF STREET	A. OCCUPATION OF THE PARTY OF T
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Manager & Majerials - act Majerial 16 or act act	Street, Street, Street, Street, St.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacassad lived, If institution, Residence before e. COUNTY a. STATE b. COUNTY the 12 MARYLAND Marvland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 by writa RURAL and giva naarast town) Raltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Pe ON A FARM? YES NO House in the Pines NAME OF Middle DATE Year DECEASED OF DEATH (Typa or print) 19 August Hubbel! AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) WIDOWED DIVORCED Dec. 11 Female 10a. USUAL OCCUPATION (Giva kind of work 900 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) physicia never worked U. S. A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending and Mary C. Thomoson Bernard J. Hubbel WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yas, no, or unkown) | (Ifyas giva war or datas of sarvica) oval Miss Catherine Hubbell-1553 Winston Ave. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: TERIOSCHEROTIC HEART DISEASE signed IMMEDIATE CAUSE (a) burial-transit DUE TO been Conditions, if any, which gava risa to immediata causa DUE TO (a), stating the undarlying has causa last. certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO M 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 1 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, straet, office bldg., atc.) Whila Not While at work 21. I certify that (I) (this hospital) attended the deceased from JULY 1.7, ..., 19.61, to AUST. 21..., 19.61, that (I) (Ne) last saw the deceased alive on AUS UST 17.1961..., and that death occured at A.M. from the causes and on the date stated above. 22b. DATE SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS PHYSICIAN'S director, 1 be filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) OH Holy Redeemer Cemetery | Baltimore, Maryland Buria 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE AUG 2 2 '61 arthur S. Kraus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

THE PERSON Hotel to week (7) 100 May 100 Ma to how , restricted to the first of the THE PERSON OF THE PROPERTY OF THE PARTY OF THE PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution/Residence before admission) o. COUNTY b. COUNTY accorday de le ce MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) and give negrest town! atonsvil atonsvi d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Moorehead Road 6002 Moorehead Koaa NAME OF DATE First Middle Last Month DECEASED (Type or print) DEATH Humphreus Tuaust 5. SEX 7. MARRIED NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE (in years 6. COLOR OR RACE IF UNDER TYEAR ma WIDOWED I DIVORCED yrs. 2 w 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Deauticiar 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hinna 17. INFORMANT 16. SOCIAL SECURITY NO. Address Tumphreus 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY o 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20d. ANJURY OCCURRED 206. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City 9 factor y, street office bldg., etc.) Not while of work of work writing ! 21. I certify that I took charge of the remains described above, held an Autopsy \(\pi\). Inspection . Inquiry M, and find that oto the Chier AL DIRECTOR: F Accident , Suicide 12, death resulted from: Homicide . Undetermined cause ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or county) RBMOVAL (Specify) ltimore, National ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 3 0 '61 Harbord Koad

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e. IS RESIDENCE

Year

IF UNDER 24 HRS. Hours

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PERFORMED? YES |

DATE SIGNED

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(County)

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INTERVAL BETWEEN ONSET AND DEATH

YES NO KX

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DATE DESCRIPTION OF THE PARTY O

3		M		PARTMENT C		
		865	CERTIFICATE	OF DEAT		118858
	PLACE OF DEATH		Item 14 Film		NCE Where deceased lived, If Institution:	Residence before edmission)
		timore	MARYLAND	a. STATE	rvland -	
	b. CITY OR TOWN (if	outside corporate limits, giva nearest town)	c. LENGTH OF STAY IN 16		(If outside corporate limits, write RURAL ar	d give nearest town)
	Fort How	Company of the same of the sam	12 davs	Baltimore		3/01-4
	d. NAME OF HOSPIT	AL OR INSTITUTION (if no	ot in hospital, give street address)	d. STREET ADDRES		e. IS RESIDENCE ON A FARM?
	Veterans	Administrat	ion Hospital	538 W. Ho	ffman Street -1	YES NO
	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	ANDREW		JACKSON	DEATH August	5 1961
5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
Ю.	Male			ovember 9,		Days Hours Min.
		ON (Give kind of work king life, even if retired)	106. KIND OF BUSINESS OR INDUSTR			TIZEN OF WHAT COUNTRY?
	Gardner	king me, even it lemes,	Private Families	Talbot Co	unty . Maryland	J.S.A
13.	FATHER'S NAME			14. MOTHER'S MAIDE	unty, Maryland	
	William Ja	ackson		unknov	W10.	
15. (Ya	WAS DECEASED EVE	R IN U.S. ARMED FORCES yesgivawarordatesofservi	7 16. SOCIAL SECURITY NO. 17. I	NFORMANT Clin	ical Records VAH	3900 Loch
(,,	Yes	WW-1			lto 18, MdFORT HO	WARD DIVISION
			use per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH	MAS CAUSED BY:	PULMONARY EMBOLU	S		50 Minutes
	9-6	NONDON N				
	Conditions, if any	, which (b)	CARCINOMA OF COL	ON. POST OF	ERATIVE	4 Days
	gave rise to immedia (a), stating the un	DITE TO				
	cause last.	(c)				
Z	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERA	AINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION						YES NO
THE	20a. ACCIDENT WA	AS UNDERLYING 20	DE DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury i	n Part I or Part II of ilem 18.)	
GER		MEDICAL EXAMINER)				
CAL	20c. TIME OF INJUI	RY Month, Day, Year		CE OF INJURY (Home, fa		unty) (State)
MEDI	Hour a.m.	19	While Not While lact	ory, street, office bldg., e	irc.)	
-			attended the deceased from	July 24	19.61 to August 5 19	61. that (W (we) last
		ed alive on Aug	• 5 1961 and that	death occured at	M, from the causes and on	
	22a. SIGNATURE	1	1 0			22b. DATE
	.7		& Km	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. X	8/6/61 SIGNED
	22c. PHYSICIAN'S		V-1	22d. ADDRESS		
	NAME (Type)	ERNEST O. BI	ROWN, M.D.	VAH Fort	t Howard, Maryland	
23a	BURIAL, CREMATIC	ON, 236. DATE THEREO			23d. LOCATION (City, town or coun	ty) (Slale)
	REMOVAL (Specify)	8-8-61	Baltimore Nati	onal Cemete	erv Baltimore	Maryland
24	FUNERAL DIRECTOR	'S SIGNATURE	1000 Frantley		REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
E	lrov.O. Wi	Ison Funeral	Home Balto 17, 1		MG 17'61 C	S. Mars.
		WAL - WALLER	a and the second of the second			

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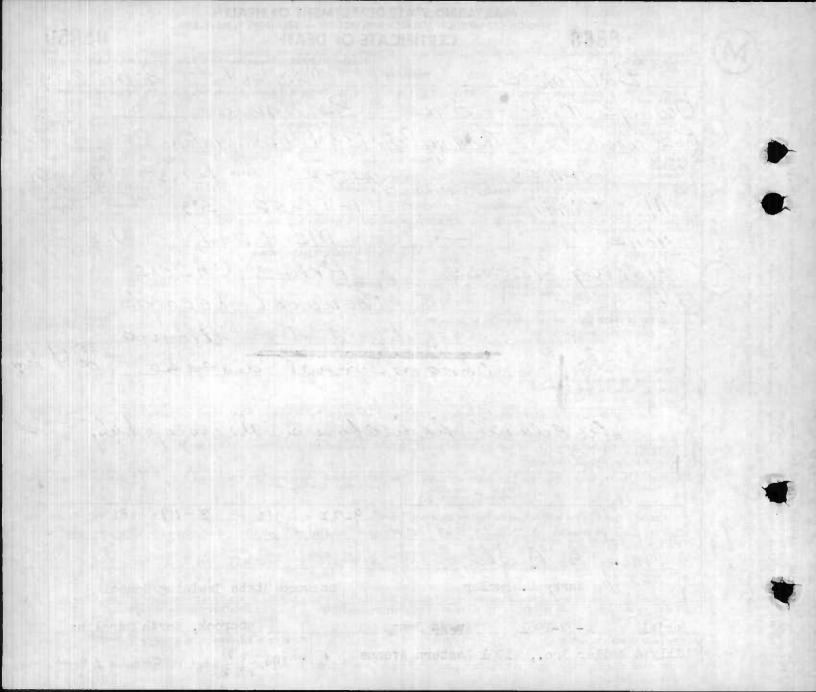
within 24 hours after death. Page 4 ond 2 shauld be filed with Pages 1 page 3 should be detached for use as the buriol-transit permit. Then please remove carban popers. Pages the State Board of Health priar to burial, cremotian, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed may be "hed by the hospital attending physician.

TO FUNERAL STRECTOR: After it entiticate has been signed by the ottending physician and camp terificate has been signed by the ottending physician and camp as the burial-transit permit. Then please remave carban poper

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	8865	CERTIFICA	ATE OF DEATH	08859
1	PLACE OF DEATH o. COUNTY BOLTIN	nore maryland	2. USUAL RESIDENCE (Where deceased lived. If institution, Reso. STATE Marg Jand. b. COUNTY Bo	1 - 17'
	b. CITY OR TOWN (If outside corpor OURAL and give neorest tawn)	11/s 39ES	c. CITY OR TOWN (If outside corporate limits, write RURAL of BOTTIMORE)	V01-4-
K	OSE CLOOD ST	ToTE Training Sch.	8. STREET ADDRESS 1334. WashingTon S.	e. IS RESIDENCE ON A FARM? YES NO P
3	NAME OF DECEASED (Type or print)	First Middle	Lost A. DATE OF Month OF DEATH QUOUST	19 19 G/
	SEX M 6. COLOR OF	WIDOWED DIVORCED	1-17-56 lost bighday) Mont	
	during plost of warking life, even in	of work done 10b. KIND OF BUSINESS OR INDI	Margland	W. S. A
1	Harris Name	Tocobs	14. MOTHER'S MAIDEN WAME Chours	
	. WAS DECEASED EVER IN U.S. ARN es, no. f unknown) [If yes, dive war or		NOSEWOOD Record	
	PART I. DEATH WAS CAUS	y one cause per line for (a), (b), ond (c).] SED BY: CAUSE (o) DUE TO	hydration - Uremi	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the <u>under-lying</u> couse lost.	(b) Ch, ronic DUE TO (c)	renal disease	d-4 h
CATION	PART II. OTHER SIGNIFICAL	"dural hem	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN aformal - Microcap	PART 1(0) JP. WAS AUTOPSY PERFORMED?
CENTIL		DEATH	IED. (Enter nature of injury in Port I or Port II of item 18.)	1
1400000	20c. TIME OF INJURY Manth, D Haur a. m. p. m.		PLACE OF INJURY (Home, farm, 20f. (City or town) actary, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this he saw the deceased alive ar	0 16 .11	9-22 - 1976, ta 8-19-, 1 death accurred at 1 BM, from the causes and an	
	Starry B.	Buffer	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Harr	ry G. Bucler	Rosewood State Training Sc	hool
	3d. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) BUTIAL FUNERAL DIRECTOR'S SIGNATURE		OR CREMATORY 23d. LOCATION (City, town, or couple Penbrook, North 25o. REC'D BY REGISTRAR 25b. REGISTRAR	Carolina
	Lilly & Zeiler In	nc., 1901 Eastern Ave	nue / DATE AND 22'61	that I Kima



funeral within 24 hours after the 1 filed in by Pages TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, be executed within death.

TO FUNERAL DIRECTOR: Service as the barial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the death of the burial cremation, or removal, and in any event, within 72 hours after the death of the burial cremation.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH 1. P

			(,0001)
1. PLACE OF DEATH e. COUNTY			institution; Residence before admission)
Baltimere MARYLAND	a. STATE	b. COUN	
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	Maryl		RURAL and give nearest town)
write RURAL end give neerest town)	C. CITT ON TOWN (III	Tourside corporate tritins, write	KOKAL SIIB GIVS IISSISSI IOWII)
Baltimore 12	Baltimore 1	2 (Regers Fo	rge)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	1 108-10	e. IS RESIDENCE
512 Murdock Read	512 Manda	als Dand	ON A FARM?
	512 Murdo		YES NO
3. NAME OF First Middle DECEASED	Last	4. DATE Month	Dey Year
(Type or print) GEORGE GARDINER JOYCE			gust 26. 19 61
F CPV	DATE OF NIPTH		
7. MARKIED NEVER MARKIED	. DATE OF BIRTH	9. AGE (In years last birthdey)	Months Deys Hours Min.
Male White WIDOWED DIVORCED M	lay 6, 1895	66 yrs.	Monins Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR'		ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)			
Machinist- retired Crown Cork & Seal	Maryland		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
William Joyce	Annie H	olt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II		Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofsarvice)			
Mp Yes WW 1 216-14-1302 Fa	amily Records	3	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).)		~	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	00 1	1 01	ONSET AND DEATH
IMMEDIATE CAUSE (0)	gence !	Carcino	na. ome.
DUE TO			COLUMN THE RESERVE TO SERVE THE PARTY OF THE
Conditions, if eny, which			
geve rise to immediate cause (b)			
(a), steting the underlying DUE TO			75 14 10 10 10 10 10 10 10 10 10 10 10 10 10
ceuse lest. (c)			
	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
			PERFORMED?
3			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF THIRE, NOTIFY MEDICAL EXAMINER	. (Enter natura of injury in F	Pert I or Pert II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County) (Stete)
at work at work			
	210	10 7 10	1 11/1 11/11
21. I certify that (I) (this hospital) attended the deceased from	-/	1926 to 2	6, 196.4 that (1) (was last
saw the deceased alive on	death occured at	M, from the gauses	and on the date stated above
22e. SIGNATURE	1		22b. DATE
A WILL OF IN		MED. STAFF	1/20 /1 NED
226 PHYSICIANS A Treemany	22d. ADDRESS		0/20/61
NAME (Type)	1/1/1	3075	1
N. M. TREEMAN NR.	1/1/	064-7	1
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (Stata)
REMOVAL (Specify)	ham Cam	Blanheim R	alto.Co., Md.
	4		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC	C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
John Burns' Sons, Towson, Maryland	DATE AU	IG 3 0 '61	11 - 8 #

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harial un.29,161 St. John's miner Cer. Bleniefs, 110.00., 6.

Jour June! Lore, Tousen, Laryland

e burial-transit permit. Then please remove carbon papers. Pages crematian, or remaval, and in any event, within 72 haurs after death

CIAN: The law requires that the death certificate be executed attending physician.

wrificate has been signed by the attending physician and campas the burial-transit permit. Then please remove carbon paper

rs ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1, MARYLAND**

ATH

118861

		E STATISTICAL RESEARCH A	ND RECORDS -
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDEN o. STATE Md.

	LACE OF DEATH	altimore	SIEN F	MARYL		o. STATE Md.	(Where deceas	ed lived. If institution b. COUNTY	on: Residen Balt	ice befor	re admissi 19	on}
b	CITY OR TOWN (If RURAL and give new Towson	outside corporate limi arest town)	ts, write c. L	UEAR	_		on 4,	porole limits, write R	URAL ond	give nea	rest town)
c	I. NAME OF HOSPITA OR INSTITUTION TOWSON	Convalesc:	ive street oddre	Home		d. STREET ADDRE	ss Y ork Ro	ad				DENCE FARM? NO X
	NAME OF DECEASED Type or print)	Rober		Henry	Ke	ene, Sr.	4. DATE OF DEATI	A110111		Da	y 1	61
5. S	ex nale	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED		ate of Birth ugust 29,	1866	9. AGE (In years lost birthdoy) 94 yrs.	Months	Days	Hours Hours	R 24 HRS. Min.
10a.	during mont of works	N (Give kind of work of life, even if retired	done 10br IND	OF BUSINESS OF	D	MARC	ILAN	country)	12.CIT		what c	OUNTRY?
13.	Thomas	Henry Kee	ne		1.	Eliza		ravers				
		IN U. S. ARMED FOR f yes, give war or dates of s	CES? arvice) UNI	AL SECURITY NO.	17. INFOR	COMP	TEF	VNERT	165	EK	TC	E
		TH [Enter only one co 'H WAS CAUSED BY: IMMEDIATE CAUSE (o			N					ONS	RVAL 8E	DEATH
	Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	DUE TO	METH	STATIC	PAR	CINCOMA	(PRIM	HT BREY SITE CT. ALA	NAS	AB	POUT	IYEN
CERTIFICATION		ER SIGNIFICANT CON				T RELATED TO THE I	TERMINAL DISEA	SE CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS A PERFO YES [RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /	☐ CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OC	CURRED. (E	nter noture of inju	y in Port I or Po	ort II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Month, Doy, Yes	While	Not while of work		OF INJURY (Home, , street, office bldg		ity or town)		County)		(Stote)
		t (I) (t his hospit al ed alife an <i>Au</i>					250	AUG. 4				we) last abave.
	220 SIGNIA-TUBE	Juin.	1.		M.D.	ATTENDING _	MED. DIRECTOR	_ STAFF				SIGNED
	22c. PHYSICIAN'S NAME (Type)	Thaddeus C.	Siwin	ski, M.D.		22d. ADDRESS 206 W	. Penns	ylvania A	venue	, N	8/4 owsor	1, Md

230. BURIAL, CREMATION, 23b. DATE THEREOF 8/7/61

23c. NAME OF CEMETERY OR CREMATORY
Old Trinity Cemetery

Church Creek, Maryland

24. FUNERAL DIRECTOR'S SIGNATURE

LeCompte Funeral Home, Cambridge, Maryland

25a. REC'D BY REGISTRAR DATEAUG 9

25b. REGISTRAR'S SIGNATURE arthur S. Kraus

may be hed by the haspit TO FUNERAL DIRECTOR: After VR A1S (4) 15M 9/59

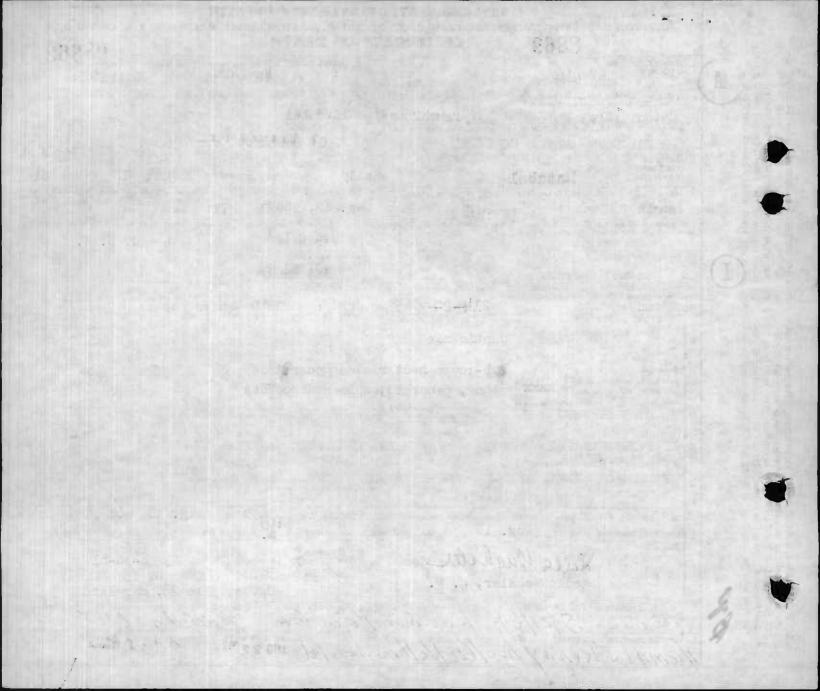
page 3 shauld be detached far the State Board of Health priar

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15M 9/60

M

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8869 2. USUAL RESIDENCE (Whara dacaasad livad, If institution; Rasidanca before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Baltimore Balt imore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and giva naarast town) 2vrlmth26dvs Arbutus Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Hammonds Ferry Road SPRING HOSPITAL YES NO NAME OF Middle Month DECEASED OF Matabel Kellv August (Typa or print) DEATH 19 61 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours female white Dec. 12. WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) U. S. A. Virginia housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Cooper Ida Mundy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yes, no, or unkown) | (If yas give war or datas of sarvica) STATE HOSPITAL Records: SPRIN G G RO VE 18. CAUSE OF DEATH [Entar only ona cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Septicemia IMMEDIATE CAUSE (a) DUF TO Sub-acute bacterial endocarditis Conditions, if any, which gava rise to immadiata causa MODOCK Lung, pancreas, spleen abscesses (a), stating the underlying with PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES TO NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stete) Month, Day, Year factory, streat, office bldg., atc.) While Not While Hour a.m. et work at work Aug. 18, 1961, that (I) (we) last 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S GROVE StellaWachsler. M. D. NAME (Typa) Catonsville 28, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county 23a. BURIAL, CREMATION, | 23b. (Stata) REMOVAL (Spacify) JURCAL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATURE



filled in by the funeral Pages 1 and 2 should York TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death, get may be retained by the hospital or attending physician.

TO FUNEXAL DIRECTOR (fer this certificate has been signed by the attending physician completer; filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. New Brooklyn, Snyder Ave 20 Home, Funeral Cook m Walter Ship to

VR A15 (4) 15M 9/60

Wm. Cook-Elight Funeral Home

within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	8870		CERTIFICAT	E OF DI	ATH				118	386
1. PLACE OF DEAT	н					CE (Whera dae	ceasad lived, If I		lence before	admission)
	altimore		MARYLAN	a. STAT	New Y	ork	b. COUN	King	S	V
	(if outsida corporata lim d give nearast town)	iits,	c. LENGTH OF STAY IN	b c. CITY	OR TOWN (If outsida corpo	orata limits, writa	RURAL and give	ve nearast tov	wn)
		(if not in hos	15 Days pital, give street address)	d. STRE	heepsh ET ADDRESS	nead Bay	, Brook	lyn		RESIDENCE
10 -				D	O B	- 20	6	9x		A FARM?
3. NAME OF	S Administr		Middle	la la	C. Box	4. DATE	Month	D		
(Typa or print)	JOHN		J. KENNED	Y		OF DEATH	AUGUST	20	19	61
5. SEX	6. COLOR OR RACE		D NEVER MARRIE	8. DATE OF B	IRTH	9.	AGE (In years			R 24 HRS.
Male	White	WIDOWE		6/21/91			last birthday)	Months Day	s Hours	Min.
10a. USUAL OCCUPA	TION (Giva kind of wor	k 10b. K	IND OF BUSINESS OR INDL		PLACE (Cour	nty & State, or f	oraign country)	12. CITIZEN	OF WHAT	COUNTRY
Labore	orking lifa, avan if ratir		cking House	Bro	oklyn,	New Yo	ork	U.S.	Α.	
13. FATHER'S NAME					R'S MAIDEN					
	ael Kennedy					Lyons				
	VER IN U.S. ARMED FO Ifyasgiva war or datas of		SOCIAL SECURITY NO. 1	7. INFORMAN	T		Address			
Yes	WWI		C1	in.Rec.	AH, Bal	Lto.18,1	Md.Ft.Ho	ward Di	vision	2
	TH WAS CAUSED BY		line for (a), (b), and (c).						INTERVAL BE	
116	IMMEDIATE CAUSE (a	BRONG	CHOPNEUMONIA						7 DAYS	3
MATH	N NOGOCK	GENE	RALIZED CACHE	XIA					3 MONT	THS
Conditions, if an	100	INCO	MPLETE OBSTRU	CTION					7 DAYS	3
(a), stating the causa last.	VnV:nV:V	CARCI	INOMA OF RECT	UM				200	2 YEAR	RS
Z PART II. OTHE	R SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART 1(a	19. WAS	AUTOPSY ORMED?
) ITY									YES T	NOO!
	AS UNDERLYING	2Db. DES	CRIBE HOW INJURY OCCU	IRED. (Entar natur	of injury in	Part I or Part II	of item 18.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER									
ZDc. TIME OF INJU		ear 2Dd. While	Not Whila	PLACE OF INJUR factory, streat, of			or town)	(County)		(Stata)
	19		ded the deceased fro	8/5/		1067 40	8/20/	1067	that h	(wa) la
saw the decea	sed alive on	/20/	19.61_, and 1	hat death oc	ure 10:1	15 AM rom	the causes	and on the	date state	d above
22a. SIGNATURE	VOG	11	r	ATTEN	DING	MED.	STAFF		22	b. DATE SIGNED
	Tant 7,	h	Collar	M.D. PHYS.		DIRECTOR	PHYS.		8/20/6	
22c. PHYSICIAN'S		1916	outbulles-	22d. /	DDRESS					
		OUKOUI	AS, M.D.			18, MD	• FT. H	WARD DI		
23a. BURIAL, CREMAT		REOF	23c. NAME OF CEMETE				ATION (City, to		(:	Stata)
Removal	8-21-6	1	Holy Cross	Cemetery		Brook	clyn, Ne	W York	LA TIME	- 3
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			G 22 '61	RAR 256. REG			
Tim Cools DT.	ight Frances	7 Ham	Dalldman	Ma	DATE	M 7 5 01	Ur	Thur S. Kr	attill	

Baltimore, Md.

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meliforni yel bascomado	म् वास	brushl mot
efact .c.	fall set p	olinghabrinah mareyev
	Amelia . To	
	6/A	elle site
Action, we want to	artoli vitigasi	d_ Leboner genoral
uno si ma speli		grown at Indiable
entral better 1. M. P. Bown of District	al alto	
	AS DETECTION OF THE	Mail 1995
A troit of the last of the las		\q2\d
		A A A A A A A A A A A A A A A A A A A
MR. MORO IS, TH. BY, ADMINISTRA		milita .e idus 1782 e afilmo
AND THE STREET STREET		Jo-18-U Javenni of Lemma Jack - Name No.

within 24 hours after funer TO HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour. See alth. To FUNDARI DIRECTOR. Set this certificate has been signed by the attending physician completery filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2. Be filled with the State Dept. of Health prior to burial, cremation, or removal—and in any event, within 72 hours after death

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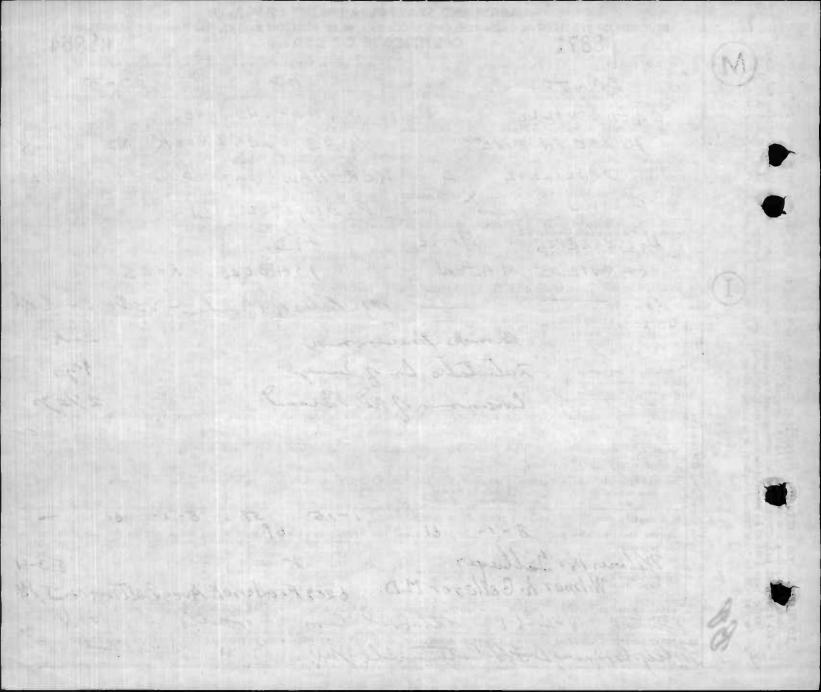
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(18864)

			0003
1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If institution: Res	idence before admission)
	BALTO. MARYLAND	. STATE AD. b. COUNTY BA	170.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerast town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end s	
	CATONSVILLE	X CATONSVILLE	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	HOUSE IN PIXES	123 OVERBROOK K	YES NO X
3	NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
		ERS-HAW DEATH AUC 1	19 6 /
1	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH SEB 10: 1900 9. AGE (In yeers IF UNDER 1 YI) Set birthday) Months Da	The state of the s
1	0e. USUAL OCCUPATION (Give kind of work done during goest of working life, even if retired)		EN OF WHAT COUNTRY?
	HOUSEKEEPER HOME	MD.	
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	CARVIL S. MASON	ISABEL ROSS	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 Yes, no, og unkown) (Ifyesgive warocdates of service)	NFORMANT Address	1 / 1
	No me	+ Charles R. Kershaw. V300	whook 12
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-Prices	word	2 mg -
	DUE TO TT.	· ·	
	Conditions, if any, which gava rise to immediate couse	dung	120.
	(a), steting the underlying DUE TO	8 2 8	- 12 -
	COUSE lest. (c) Carrier of Resident Control of the	V. PELATER TO THE TERMINAL DISEASE CONDITION CIVEN IN BART 1	a) 19. WAS AUTOPSY
1 S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
A DIS	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 18.)	YES NO
CEDTIFICATION		. (Ellier neture of injury in Pen For Pen II of Item 10)	
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)	y) (State)
3			
	21. I certify that (I) (this hospital) attended the deceased from		
	saw the deceased alive on	death occured at	22b. DATE
	an/1 12 4 /1 -10	.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	51GNED 8-3-6/
	22c. PHYSICIAN'S Wilmer K. Gallager M.D.	6267 Frederick Ave, BSITI	more 28 18
2	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 8-4-61 Cathedral		magisto)
12	A JUNERAL DIRECTOR'S SIGNATURE Tarley-Caranang B FH- Catanavill	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNAL AUG 7 '61 Chilling & 1	SNATURE
100			



vithin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11COCF

a. COUNTY Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Write RURAL end give nearest town) Rockdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospifal, give street address) 3822 Victoria Avenue 3. NAME OF DECEASED (Type or print) Mrs. Myrtle Greek Klaunberg The Middle Lest Address Avenue 4. DATE Month Dey Yeer OF DEATH August 31 19 6 6. COLOR OR MACE 7. MARRIED NEVER MARRIE	_		
BALLIMORE MARYLAND CITY OR TOWN 10 clusted someonies limits, write RURAL and give neerest form) WITE RURAL and give neerest town) MOCK dale d. NAME OF HOSPITAL OR INSTITUTION If not in hospital, give street address) 3822 Victoria Avenue 3822 Victoria Avenue 10 STREET ADDRESS 10 STREET			2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before aremission)
b. CITY OR TOWN III dutide corporate limits, write RURAL and give necess town) Comparison of the co		R-Idian-	
write RURAL and give peerest lown) A. NAME OF HOSPITAL OR INSTITUTION IT not in boppilel, give street address) 3. NAME OF HOSPITAL OR INSTITUTION IT not in boppilel, give street address) 3. NAME OF SOCK dale 4. STREET ADDRESS 3. SOLD VICTORIA AVENUE 1. DATE	_	2000001101	7,100 47 600 64
d. NAME OF HOSPITAL OR INSTITUTION (IF not in beapifal, give street address) 3822 Victoria Avenue 3822 Victoria 4. DATE 4		write RURAL end give nearest town)	2 111
3. NAME OF DECRASED PROVIDED AVENUE 3822 Victoria Avenue YES NO TA FARM DECRASED PROCESSED TO THE PROPERTY OF THE PROCESSED TO THE PROCESSED T		Rockdale	
NAPKE OF DECRASED PRINTING AVENUE 3022 VICTORIA AVENUE 15 No 15 NAPKE OF DECRASED 16 PRINTING AVENUE 16 PRINTING AVENUE 17 PRINTING AVENUE 18 A. DATE Month Dey Yver 19 DEATH AUGUST 31 19 6 DEAT		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	
DEERSED (Type or print) Death August 37 19 0			3822 Victoria Avenue YES NO
5. SEX 6. COLOR OR RACE; 7. MARRIED DIVORCED D. A. 6. 1896 DIVORCED	3.		
Semale While WIDOWED Divorce Doct 6, 1896 Substitution Days Months Days		mybble stelle Mad	rivery ringuist of 19 of
JOURNAL DISTRICT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED. THE FITHER NOTIFY IN SUBJECTIVE COUNTY) DUE TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED. THE FITHER NOTIFY MEDICAL EXAMINER DUE TO COUNTY) TO THE FITHER NOTIFY MEDICAL EXAMINER DUE TO COUNTY) TO THE FITHER NOTIFY MEDICAL EXAMINER DUE TO COUNTY) TO THE FITHER NOTIFY MEDICAL EXAMINER DUE TO COUNTY DUE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED. THE FITHER NOTIFY MEDICAL EXAMINER DUE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED. THE FITHER NOTIFY MEDICAL EXAMINER DUE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED. THE FITHER NOTIFY MEDICAL EXAMINER DUE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED. THE FITHER NOTIFY MEDICAL EXAMINER DUE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED. THE FITHER NOTIFY MEDICAL EXAMINER DUE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED. THE FITHER NOTIFY MEDICAL EXAMINER DUE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED. THE FITHER NOTIFY DUE TO THE TERMINAL DISEASE CONDITIONS ON THE PART 1(a) 19. WAS AUTOPSY PREFORMED. T	5.	SEX 6. COLOR OR MACE 7. MARRIED NEVER MARRIED	lost birth days
Baltimore, Maryland U.S.A.	-	temale white WIDOWED DIVORCED	Months Deys Hours Mills
HOUSEWIFE 13. FATHER'S NAME THER'S NAME T			RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY: (b) Hypertrusive arterosclustic trast dusari (c) per line for (a), teling the underlying cause lest. PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NOT THE TERMINAL DISEASE CONDITION GIVEN	40		Baltimore Manuland 115A
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Pers., Aled in by the funeral pers. Pages 1 and 2 should 2 hours after death. papers. TO HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed that the death certificate be executed.

TO FUNERAL DIRECTOR: Firthis certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove cardon pube filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 8874 Reg. Dist. No. 1886 of director, filed with . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 Ic. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pinous d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION YES NOT NAME OF Middle Lost 4. DATE Month (Type or print) Krank Kurek DEATH August 16. 1961 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 9. AGE (In years last birthdoy) Months Days Male WIDOWED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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200. ACCIDENT WAS UNDERLYING BOR CONTRIBUTING CAUSE OF DEATH
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DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEA CERTIFICATE OF DEATH 88888 1. NAME OF DECEASED 2. DATE OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND by the and 2 death, 4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) A. STATE s. COUNTY IN NOT IN HOSPITAL OR INSTITUTION, GIVE STREET þ FULL NAME OF AODRESS OR LOCATION HOSPITAL OR _= 12 13-FAIR FIELD INSTITUTION filled (If rural, give location) papers. S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIMORCED (Specify) Months Days Hours Min. MARRIED 10.A USUAL OCCUPATION (Give kind of wark dane during most of warking life, even 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF remove if retired) WHAT COUNTRY? CONST RUCTION WELDER physici 13. FATHER'S NAME JOSEP H ding HOLLAR ang 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT Yes, no or unknown) (If yes, give war ar dates of service) ADDRESS SECURITY NO. CHARLES a. BANDFORD 1213 2.16-07-4585 NONE permit. 18 CAUSE OF DEATH by INTERVAL BETWEEN physicia a ONSET AND DEATH signed DISEASE OR CONDITION DIRECTLY cremation, burial-transit LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES burial, has DISEASES OR CONDITIONS, IF ANY, GIVING the PHYSICIAN: the haspital or this certificate h ö RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Se GERTIFICATION use prior After this ce trached for u OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. LE OPERATION WAS RELATED TO 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY? NO 22. I certify that (I) (this hospital) attended the deceased from DIRECTO 6 , that (1) (we) last saw the deceased alive or and that in (my low) opinian death occurred at __m., fram the causes and on the date stated above. Page 4 23A. SIGNATURE page 23s. ADDRESS 23c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR [7] 24A. BURIAL, CREMATION, 24s. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION REMOVAL (Specify) A Fig JESSOPS BURIAL 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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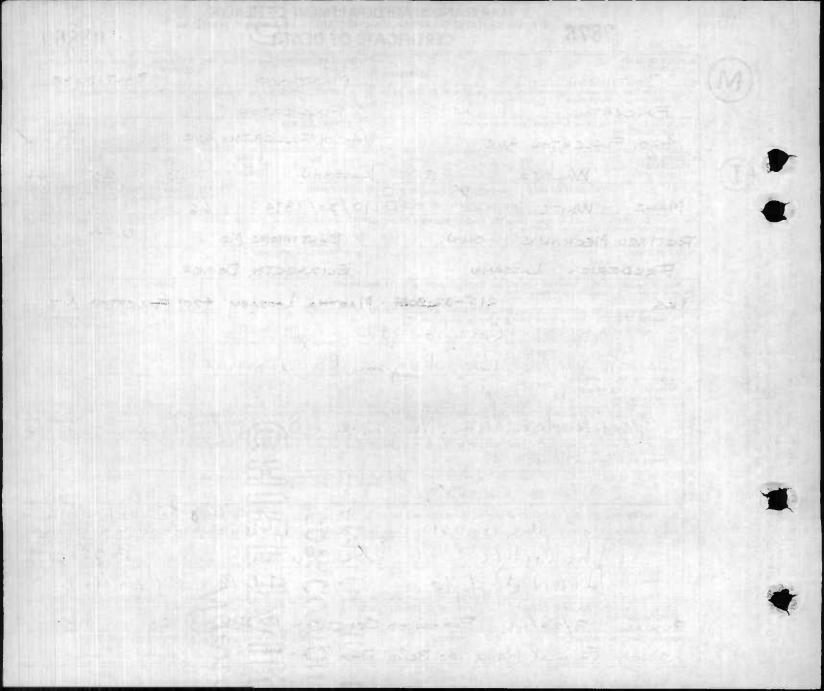
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10a.	USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b. KIND	OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (S	stote ar farei	1		12. CITIZEN		TCOUNTRY
	CETTRED	MECHANIC	. 00	ಲಾ,		BOUTI		MA		0.0		
13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME					
	FREDE	rick L	NHAESE			EL124B	HTDE	Dome	2 .			
		R IN U. S. ARMED FO		AL SECURITY NO.	. 17, INF	DRMANT			Addres	55		
A	no, or unknown)	(If yes, give war or dates of	215	-32-808	A. 1	PARTHA. L	ASSAH	N. 420	ol Fu	LERTE	A GO	WE
	18. CAUSE OF DEA	ATH [Enter only one co	ause per line far	(a), (b), and (c).]								BETWEEN ND DEATH
	PART I. DEA	TH WAS CAUSED BY:	Car	amon	ata	ais					DIAGE! AI	יאס שנאווו
	14	DUE TO)			-						
	Conditions, if c	which y	1320	melio	aine	e Carc	inar	22 62				
	gove rise to i	mmediate	b)		1		2-51(1)					
	couse (a), stoting	the under-)									
7	lying couse lost.	, , (c)								120 144	C AUTORCY
9	PART II. OT	HER SIGNIFICANT CON	NDITIONS CONT					Ann 1	ION GIVE	N IN PART I	PER	FORMED?
V	17/100	tare vivo	rue the	my & ELF	4000	indial D	agen.	eractive	Des	succe.	YES	□ NO □
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY O	COURRED.	(Enter noture of injur	y in Pd rt I a	r Part II of item	18.)			
	20c. TIME OF INJUI	RY Month, Doy, Ye	ar 20d. INJUR	Y OCCURRED	20e. PLAC	E OF INJURY (Home,	farm, 20f.	(City or town)		(Cou	ntv)	(Stote
WEDICAL	Hour o.m.		While	Not while	focto	ry, street, office bldg.	., etc.)	(,,		(,	(0.01)
WE	p. m.	19	ot work	of work				_				
	21. I certify the	at (1) (this hospita	1) attended t	the deceased	fram	Oct	1957	to Cluc	55	1961	that (1) (we) las
	saw the decea	sed alive an Cta	ic 18	19_61, and	that de	ath accurred at	La M, fr	om the cau	ses and	on the d	ate stat	ed above
	220. SIGNATURE	10	10			4 12 12						22b. DATE
		John Cil	hee.		М		MED. DIRECTOR	STAFF		8-	78-	CSIGNE
	22c. PHYSICIAN'S NAME (Type)	NHOP	C) H	yle		75)	1 Be	Poeir	Ed	1300	lito i	6
23a		ON. 23b. DATE THERE	OF 23c	. NAME OF CEM	ETERY OR	CREMATORY	23d. L	OCATION (City	, town, or	county)	(9	itote)
-	REMOVAL (Specify	8/20/	1911 F	ARKWO	2 40	EMETERY		BALTO	C	9	Mr	2
	FUNERAL DIRECTOR	S SIGNATURE	Tel I	ADDRESS	<u> </u>	25a.	REC'D BY RI	EGISTRAR 25		RAR'S SIGNA	ATURE	
	1 - 0	Funeral	Homo.	7401 Bob	2 - +	7 0#	AUG 3			ing 8. 10	,	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

08870

	TI 0 717 000	9/25/67		(70001)
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (When o. STATE Md	e deceased lived. If institution b. COUNTY	on: Residence before admission) / 34744mgre Calvert
b. CITY OR TOWN (If outside corporate limits, NRURAL and give nearest town) Catonsville	write c. LENGTH OF STAY IN 16		side corporate limits, write RI Solomons Isla	
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION FORTEST Haven Nu		d. STREET ADDRESS /3/5/Tugyeste	14/A/4/	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) MARY E. LEA	Middle ATHERING	Lost	OF DEATH Aug. 14	
77 - 1 - 771 - 1 4	MARRIED NEVER MARRIED I	B. DATE OF BIRTH No. V. 20, 188	9. AGE (In years lost birthdoy) 9 yrs.	Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) Housewife	e 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
John H. O'Bery		Lulie Clo	cker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give wor or dates of service)		Nursing Home F	Records	ress
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State
21. I certify that (I) (this haspital) of saw the deceased alive an		VVV CC		nd an the date stated above
220. SIGNATURE 220. PHYSICIAN'S	Toulon	M.D. ATTENDING MED PHYS. DIRE	STAFF PHYS.	8/15-/4
NAME (Type)				
23a. BURIAL, CREMATION. 23b. DATE THEREOF BURIAL Specify 8/16/61	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, Calvert Count	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
A.A.Harkness & Son. Mu	utual, Calvert Co.	Md. DATE ALLO	1 9 '61	Thur S. Kraus

urs after death. Page 4 ely filled by the funeral director, Pages 1 and 2 should be filed with **S FUNEWAL DIRECTOR:** After the sertificate has been signed by the attending physician and care lely fille page 3 should be detached for use as the burial-transit permit. Then please remove carbon papels. Pages the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death, PHYSICIAN: The law requires that the death certificate be execute r attending physician. TO HOSPIZAL OR ATTENDING
moy Le hained by the hasp
TO FUNEWAL DIRECTOR: After VR A15 (4) 15M 9/59

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distribute a xets the first the lock as what a large and a l

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECOR 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institutions Item 23b. G295 e. COUNTY Baltimore the T MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, by the c. CITY OR TOWN (If outside corporale limits, write RURAL and give neerest town) deat c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) 2 Davs <u>-</u> affer Fort Howard Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Veterans Administration Hospital Route No. NAME OF 4. DATE DECEASED OF (Type or print) DEATH CHARLES C. G. LEONARD 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH Male White WIDOWED X DIVORCED [August 4,1879 ever 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired) Brick Mason- Retired Construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles H. Leonard Elizabeth Poole 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. I (Yes, no, or unkown) | (If yes give wer or dates of service)

09x.2 . IS RESIDENCE ON A FARM? YES NO Month Yeer 19 61 August AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 82 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) Caroline Co., Maryland U. S. A. Clinical Records, VAH, Baltimore 18, Maryland 214-07-7207 FORT HOWARD DIVISION INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: UNKNOWN HEART FAILURE IMMEDIATE CAUSE (a) DUE TO UNKNOWN ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which geve rise to Immediate cause DUE TO (a), stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)| 19. WAS AUTOPSY PERFORMED? NO X 2De. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. et work 21. I certify that (X (this hospital) attended the deceased from August 22 , to August 24, 1961, that (M (we) last saw the deceased alive on August 24 22b. DATE 22e. SIGNATURE DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME THOMAS F. CRAHAN, M.D. VAH, BALTIMORE 18, MARYLAND, FT. HOWARD DIV. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OF CHECKY 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 8/28/61 REMOVAL (Specify) Dorchester Memorial Park Cambridge Maryland Burial 250. RETIDBY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ADDRESS

Compte Funeral Home, High Street, Campridge, DATE

b. COUNTY

Dorchester

Citilian S. Kraus

filled i remove physiciar please Then affe the permit. þ signed burial-transit aftending been certificate has the 0 hospital as o use d for may be reta 3 filed FU 0:58

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VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

AND SECURIOR OF SECURIOR SECURIOR

MARINI PAR

THOMAS F. CRARAI, M.D. VAR, BALCHGONS IS, MARKING, PT. HOLDING DIV.

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VR A15 (4) 15M 9/60

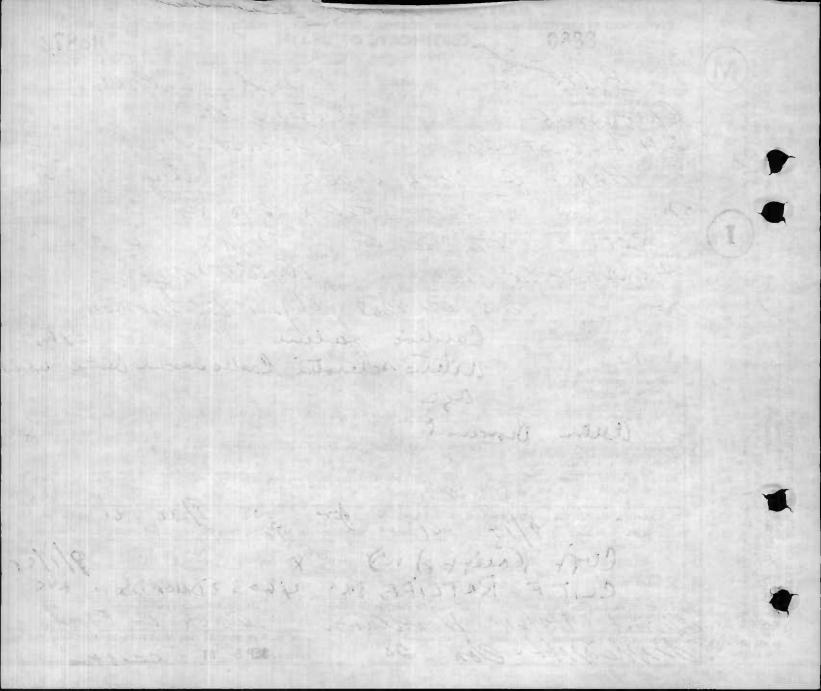
CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) e. COUNTY b. COUNTY BALTIMORE MARYLAND L 0 b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give neerest town) write RURAL and giva nearest town) O d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NONE YES NO X 3. NAME OF 4. DATI Day Yeer DECEASED OF (Type or print) DEATH 196/ 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 9. AGE (In yeers | IF UNDER 1 YEAR lest birthdey) Months Days Hours WIDOWED K DIVORCED YIS. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working lifa, aven if retired) FARMER HAMPSHIRE 13. FATHER'S NAME MOTHER'S MAIDEN NAME WILLIAM LEWIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? BROWN 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) 1321 SPRIN NONE 18. CAUSE OF DEATH [Enter only one cours pe] line for (e), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) gave rise to immediate cause DUE TO (e), steting the underlying couse test. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO M 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) Not While fectory street, office bldg., etc.) While Hour e.m et work at work 21. I certify that (I) (this hospital) attended the deceased from 19. (I) (we) last from the causes and on the date stated above. saw the ATTENDING SIGNED PHYS. PHYS. 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) BURLA 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE AUG 2 2 '61

2723 (and) and a character (and) (d) Equaps (d) Thursday Street PT 1831 /21/P KAMPSTARE W. LAS. . LE LOS Ket FARMER WILLIAM PEWIS Award Hableman WHITE PERM BOOKERY TOPING Townsend Frederica 100 Sept. 1960 to the first best of Value of the second 8/20/61 · Northern A SUNTA STATE STATE STATE OF THE STATE OF THE STATE OF This or above a service was a service of

W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution; Rasidanca before edmission) e. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, by the c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give neerest town) .5 filled NAME OF HOSPITAL OR INSTITUTION . IS RESIDENCE (if not in hospitel, give street eddress) ON A FARM? YES NO NAME OF DECEASED OF (Type or print) DEATH 196 AGE (in years UNDER 1 YEAR last birthday) Months Days 5. SEX IF UNDER 24 HRS. Days Months Hours WIDOWED / 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & Stete, or foreign country) physicia 9 dona during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Address (Yas, no, or unkown) | (If Vesgive wer or detes of service 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)] 19, WAS AUTOPSY certificate PERFORMED? as NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While at work et work n.m 3.1...., 196.4, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from...... saw the deceased alive on... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRES 22c. PHYSICIAN'S NAME (Typy director, be filed 23d. LOCATION (City, town or 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF ADMOVAL (Specify) 0 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S-SIGNATURE VR A15 (4) 15M 9/60 5 DATE arthur & House

DEPARTMENT OF HEALTH



FOR STATE HEALTH DE TO DEN (** MEDICAL EX. ** MER: This certificate should be executed within 24 hours after the certificate, withing the word "pending" in pencil in Item 18. Give Pages 1, 2, and to the funded director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1881 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH o. COUNTY Baltimore MABYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before	e edmission)		
Roltimone				
	• STATE Maryland b. COUNTY Baltimore			
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest I	own)		
write RURAL end give neerest town) Fullerton	Fullerton			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)		RESIDENCE		
		N A FARM?		
1940 Hazelwood Ave.] но []		
DECEASED	OF	eer -		
(Type or print) CLARENCE G.	LUKEN DEATH August 26 1	9 61		
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		ER 24 HRS.		
Male White WIDOWED DIVORCED	Dec. 30-1882 rest birthdey) Months Deys Hours	Min.		
Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	COUNTRY?		
RET. ACCOUNTANT	RAITHERE MI 110	1		
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7.		
AUDUST William Luken	Emino (=pm/1/11			
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT " Address 110	-		
Yes no or unknown) (fivesgivewerordeles of service)	IR. A. M.m. Luken- 49	32		
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL E ONSET AN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Gunshot Wound of H		02/(11)		
Q7 / X DUE TO				
Conditions, if eny, which (b)				
geve rise to immediate cause				
(e), stering the underlying				
(6)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS	ALITORCY		
	PERI	FORMED?		
TO EVERNAL CAUSE WAS LOOK DESCRIPTION OF THE PROPERTY OF THE P	YES X	NO 0		
PRIMARY II or CONTRIBUTING	Enter neture of injury In Pert I or Pert II of item 18.)			
SHOT SELL IN HEAD				
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA While Not While et work et work	CE OF INJURY (Home, ferm, 20f. (City or town) (County) ory, street, office bidg., etc.)	(State) *		
Hour XXX 8/26 19 61 While et work et work	Home Fullerton Baltimore	Md.		
21. I certify that I took charge of the remains described above, he	old an Autopsy X, Inspection , Inquiry , and in my	opinion		
	ide X, Homicide , Undetermined manner			
	CHIEF MEDICAL EXAMINER			
ACTUAL OCAL S				
SIGNATURE Walles 3. July	M.D. ASSISTANT MEDICAL EXAMINER AND DATE ST	1		
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	DEPUTY MEDICAL EXAMINER 8/27	/61		
	Address (Street, city, town, or county)			
REMOVAL (Specify))pto)		
8-30-61 PARKWO				
	24a. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			
3 FUNERAL DIRECTOR ADDRESS				
Lonard Luck 5305 Hay	and A DATE DATE arthur S. Kround			

LATERSTON POSESSIVATORISM DEVANTE: CIPARISM ANA arometis. somey, bornished Odigi LOVA GEOMESTICE AVO. Market State of the State of th TOT HEERLANDER BRITHERE WE USE August William Luken Emany Coking Soft FIR A War Luken Hase the Han Sauch stoompele and Shotl balt in head x 8/26 61 . I sale Sent and tenting the Earlies and the Mark * A Company of the same of the of the first trade of the things come of the to say playing the man

FOR STA	TE :	te	em 8 18 2 21 Film 293 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 882 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	(LAND (18876
MEALTH D	NA NA	1	PLACE OF DEATH e. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence of the country baltimore) MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence of the country baltimore) Baltimore MARYLAND	
rector.			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore	
Ex. WINER: This certificate should be executed within 24 hours after with. If any valay life, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral d the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for R: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boarior to burial, cremation, or removal, and in any eyen! Within 72 hours after death.	3		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Bridge #3, Warren Road d. STREET ADDRESS 3204 Second Avenue	IS RESIDENCE ON A FARM? YES NO
the set of			NAME OF First Middle Last 4. DATE Month Dey (Type or print) DORIS MARGARET MACAULEY DEATH Found August 2	19 ⁶ 1
may 2 with	1		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lest birthdey) 35 yrs. 1925 35 yrs. Months Days Months Days	
es 1, 2 Page s 1 and		do	Secretary Johns Hopkins Hosp. Baltimore, Maryland U.	SA.
PW PW	I	15.	George H. Macauley Sr. Emma D. Dietz Was deceased ever in U.S. Armed Forces 16. Social Security No. 17. INFORMANT Address	
em 18. with fo	7	(Ya	Mr. George H. Macauley, Jr.	same
execucil in It				TERVAL BETWEEN NSET AND DEATH
in pen Sffice a vurial-tr			Conditions, if any, which (b)	
iding" ner's C as a b			gave rise to immediate ceuse (a), stelling the underlying DUE TO	
s certific ord "pen al Exami be used mation,		ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
The y the wed should shoul ial, or	9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERF YES 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part I or Part II of item 18.) FOUND drowned		
Writin Writin Page to bu		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Place of Injury) (County) Hour a.m. 2 XXXXX 7/30 1961 at work et work with water Baltimor	(State) e Md.
	1		21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection, Inquiry, and death resulted from: Natural causes, Accident, Suicide X. Homicide, Undetermined manner	in my opinion
MEDICA te the certif forwarded L DIRECT	7	,	CHIEF MEDICAL EXAMINER	DATE SIGNED
execular be NERA designa			EXAMINER'S Howard G. Shaub, M.D. Address (Street, city, lown, or county)	8/2/61
TO DER please 4 shoul TO FUN or its d		22e.	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) Burial 8/4/61 Moreland Memorial Park Baltimore, Mar	ryland
VS. A15ME 5M 9/60	1/2	23.	Leonard J. Ruck 5305 Harford Road #14 Date AUG 4 '61 arthur & the	

Truth soff, dar son flord suestes, hours of the Land, but they, manufactured the किंद्र, मुख्याके दे, पायवस्थारे , इत्र, TO STATE OF Caralles of the Caralles of th Leonard S. west yes died out lated 474 " will start

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY slay is necessary, ral director. Page e. STATE b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL end give neerest town) write DURAL end give neerest town) for your Boar d. NAME OF HOSPITAL OR INSTITUTION in hospitel, give street eddress) 2000 WINDWOOD NAME OF Middle DATE DECEASED 2 with the (Type or print) DEATH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED birthdey) WIDOWED [DIVORCED 'in pencil in Item 18. Give Pages 1, 2, Office along with form PM3. Page 5 burial-transit permit. File pages 1 and moval, and in any event within 72 ho 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired ould be executed within 24 hours in pencil in Item 18. Give Pages 1, CLOTHING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Martin John Martin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyes give wer or detes of service) MAS MITHLY OLTMANNS 6155 PHEKLINY DRIVE BALTI Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] DIAZ INFARCTION IMMEDIATE CAUSE (e) removal, DUE TO Conditions, if eny, which (b) "pending" geve rise to immediate cause 40 DUE TO (e), steting the underlying Examiner' SE 20 cause lest. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 99 Medical pinous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING uld be forwarded to the Chief Me NERAL DIRECTOR: Page 3 sho designated agent, prior to burial, CAUSE OF DEATH. Bu 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work cute the certificate 21. I certify that I took charge of the remains described above, held an Autopsy Inspection L Suicide death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county EXAMINER'S WILLIAM NAME (Type) pluods 22d. LOCATION ICH 22c. NAME OF CEMETERY OR CREMATORY 22e, BURIAL, CREMATION, 22b, DATE THEREOF REMOVAL (Specify) 940 Ö St. Mary's Star OF The Sea Burial Sea Golden 23. FUNERAL DIRECTOR VS. A15ME AUG 9 Civilar S. Huma Le Compte Funeral Service, Cambridge, Md. 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

> e. IS RESIDENCE ON A FARM?

YES NO C

196

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stete)

and in my opinion

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

Months

(County)

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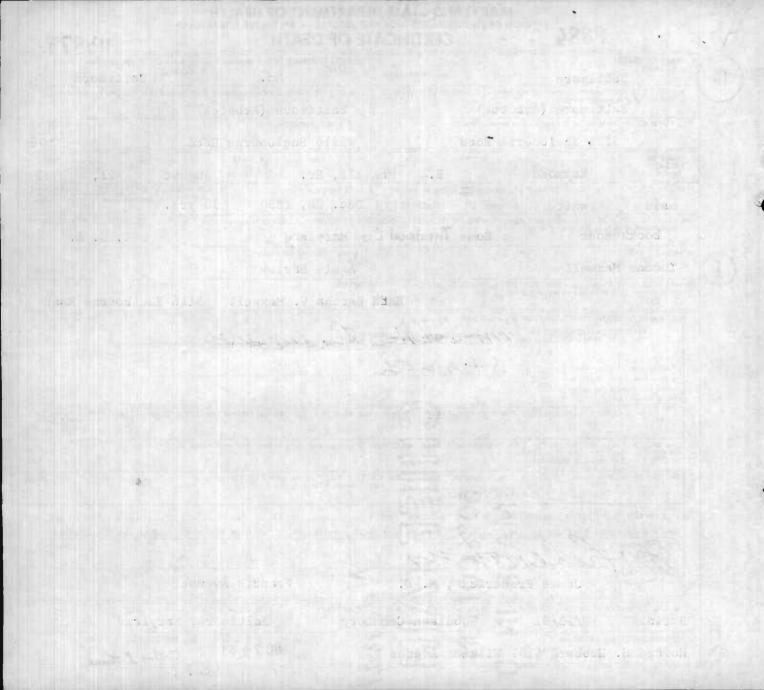
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AND STATE DEPARTMENT OF HEALTH TICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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Baltimore Baltimore Baltimore C. LENGTH OF STAY IN 16 B. CITY OR FOWN (if causides corporate limits, write RUBAL and give necessary flown) Baltimore (Arbutus) d. NAME OF HOSPITAL (if not in hospital, give street oddress) d. NAME OF HOSPITAL (if not in hospital, give street oddress) J. STREET ADDRESS ON A FRAME STANDORS A STREET ADDRESS STANDORS A STREET ADDRESS AND STREET AND STREET ADDRESS AS A STREET ADDRESS A STREET A	1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (W		ved. If institution b. COUNTY			ian)
RUBAL and give hearest lown) d. NAME OF HOSPITAL (if not in hospital, give street oddress) d. NAME OF HOSPITAL (if not in hospital, give street oddress) D. STREET ADDRESS 5116 Shelbourne Road 3. NAME OF HOSPITAL (if not in hospital, give street oddress) D. STREET ADDRESS 5116 Shelbourne Road 3. NAME OF HOSPITAL (if not in hospital, give street oddress) D. STREET ADDRESS 5116 Shelbourne Road 3. NAME OF HOSPITAL (if not in hospital, give street oddress) D. STREET ADDRESS 5116 Shelbourne Road 3. NAME OF HOSPITAL (if not in hospital, give street oddress) D. STREET ADDRESS 5116 Shelbourne Road 4. DATE ORANIE AUGUST 21, 1961 D. STREET ADDRESS D. SATE OF HORP AUGUST 21, 1961 D. STREET ADDRESS D. SATE OF HORP AUGUST 21, 1961 D. STREET ADDRESS D. SATE OF HORP AUGUST 21, 1961 D. STREET ADDRESS D. SATE OF HORP AUGUST 21, 1961 D. STREET ADDRESS D. SATE OF HORP AUGUST 21, 1961 D. STREET ADDRESS D. SATE OF HORP AUGUST 21, 1961 D. STREET ADDRESS D. SATE OF HORP AUGUST 21, 1961 D. STREET ADDRESS D. SATE OF HORP AUGUST 21, 1961 D. STREET ADDRESS D. SATE OF HORP AUGUST 21, 1961 D. SATE OF HORP AUGUST 21, 1961 D. STREET ADDRESS D. SATE OF HORP AUGUST 21, 1961 D. SATE OF HORP AUGUST					11 12 12 12 101			
3. NAME OF DECASED RAYMOND 3. SEX 4. COLOR OR RACE 7. MARRIED ST. NEVER MARRIED 1. S. DATE OF BIRTH DECASE RAYMOND RAYMOND RATE 1. 1961 1	RURAL and give nearest tawn)	JIII OF STAT IN ID	11			KWF and dive	negrest tawi))
State Stat	d. NAME OF HOSPITAL (If not in hospital, give street address)		d. STREET ADDRESS		JA		e. IS RES	IDENCE
Dec. 24 August Sr. Death Sr. Death August Sr. Death			5116 Shell	bourne I	Road			
S. SEX 6. COLOR OR RACE 7. MARRIED Not per MARRIED DIVORCED DIVOR	DECEASED			OF	Mant	h	Day	Year
male white widowed Divorced Dec. 28, 1890 70 yr sw. Months Doy Hours Min. 100. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (Side or foreign country)			well, Sr.	DEATH	August	2	1,	1961
Thou JUNAL OCCUPATION Give kind of work dome of the kind of pout services of the provided of the kind of work dome of work dome of the kind of work dome of work dome of the kind of work dome of w		NEVER MARRIED		_	AGE (In years			T
Thomas Maxwell 15. EATHER'S NAME Thomas Maxwell 16. Maryland 17. Informant Thomas Maxwell 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Then, nor unknown) If yes, give wor of dotten of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and for year of the part of the					U yrs,	manins Da	ys Haurs	Min.
Thomas Maxwell S. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address of the deceased of the deceased form	10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired) bookkeeper Rome	the same of the sa		ar foreign caun	try)			COUNTRY?
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Tender Part	Thomas Maxwell		Annie Barlo	OW				
B. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).		SECURITY NO. 17. IN	IFORMANT		Addre	ess		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metatota fee Metatota fee Metatota fee	no		Bertha V. Ma	axwell	5116 S	helbou	rne Ro	ad
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram	Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. MMEDIATE CAUSE (a)	nach	Can cen	iome	C. C		At factors have	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram	OT LANGUE CONTRIBUTION CONTRIBU	THING TO BEATH BOT	NOT RECEIVED TO THE TERM	INAL DISEASE C	ONDITION GIVE	N IN PART I	PERFC	ORMED?
21. I certify that (I) (this haspital) attended the deceased fram		W INJURY OCCURRED	D. (Enter nature of injury in	Part I ar Part II	af item 1B.)			
saw the deceased alive an	20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19 While at wark at wark	t while fac	ACE OF INJURY (Hame, farm tary, street, affice bldg., etc	m, 20f. (City ar	tawn)	(Cau	nty)	(State)
saw the deceased alive an	21. I certify that (I) (this haspital) attended the	deceased fram	, 19	ta		19	that (I) (we) last
M.D. ATTENDING MED. STAFF PHYS. DIRECTOR STAFF PHYS. SIGNED 22d. ADDRESS PHYS. DIRECTOR PHYS. STAFF PHYS. DIRECTOR PHYS. STAFF PHYS. DIRECTOR PHYS. STAFF PHYS. DIRECTOR STAFF SIGNED 22d. ADDRESS 22d. ADDRESS 22d. LOCATION (City, town, or county) PHYS. DIRECTOR STAFF PHYS. DIRECTOR STAFF PHYS. DIRECTOR STAFF SIGNED 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 23d. LOCATION (City, town, or county) PHYS. DIRECTOR DIRECTOR STAFF PHYS. DIRECTOR DIRECTOR DIRECTOR PHYS. DIRECTOR	saw the deceased alive an	, and that d	eath accurred at	.M, fram the	e causes and	an the d	ate stated	abave.
James Frederick , M. D. 22d. ADDRESS Francis Avenue 23d. LOCATION (City, town, or county) BETTY al (State) BUTY al (Specify) BUTY al (Specify) BUTY al (Specify) BUTY al (Specify) Buty al (State) Buty al (22a. 9GNATURE LEADING	w		NED.	STAFF PHYS.		22	SIGNED
BEFAQVAT (Specify) 8/23/61 Woodlawn Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE		, M. D.	22d. ADDRESS					
	DEMOVAL (Specific)						(Stat	e)
				D BY REGISTRA				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 IISUAL RESIDENCE (Where deceased lived if institution; Residence before admission) PLACE OF DEATH b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) vears Reisterstown. Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Cockeys Mill Road Cockeys Mill Road 3. NAME OF Middle 4. DATE DECEASED Ellen McCaulev August Marv DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH NEVER MARRIED last birthdey) Months White 1895 Female August WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewife Reisterstown, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harris Uhler Emma Gore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetasofservice) Mrs. Marion Zimmerman. Finksburg. Md. 18. CAUSE OF DEATH (Entar only one cause per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY: Carcinomatosis, intra abdominal IMMEDIATE CAUSE (e) DUE TO

Conditions, if any, which gave rise to immedieta ceuse DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Diabetes NO X 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) none 20e. PLACE OF INJURY (Home, farm, (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20f. (City or town)

8-9-61 7-30-51 ., 19 that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on... 8-8-61 22b. DATE 22e. SIGNATURE 8-10-61 SIGNED ATTENDING DIRECTOR PHYS.

factory, street, office bldg., etc.)

22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Hanover Rd., Reisterstown, Md. D. D. Caples. M. D. 23c. NAME OF CEMETERY OR CREMATORY

Not While

et work

While

et work

noneio

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

Burial Aug.12,1961 Reisterstown Methodist Reisterstown, Maryland 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE

Orthur S. Kraus Owings Mills, Md.

none

23d. LOCATION (City, town or county)

e. IS RESIDENCE

YES NO A

1961

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

9,

U.S.A.

ON A FARM

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The land 18 2 O S is years. No. stexustown, 5565 film groutesoul Lockeys Still agoreou Liles Hofenley August 9, offeld sings Ed August 27, 1895 65 Molecon com, Mil. T.S.A. Edition 150E of The Money . Hardon Etwa errast, Michellery, Md. Entel Aug. 12.1961 Reistonetown Mckined to Lair Termin Miggleun Harry Jack College Halls, Md. Mary of Brand Hall DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

8885 CERTIFICATE OF DEATH 118878

e. IS RESIDENCE

ON A FARMA

YES NO PA

'ear

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IF UNDER 1 YEAR IF UNDER 24 HRS.

U.S.A.

Haurs

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (State)

22b. DATE SIGNED

(State)

(Caunty)

19.61, that (1) (we) last

12. CITIZEN OF WHAT COUNTRY?

Manths Days

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Balto. Maryland Balti more MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Baltimore Vrs. lowson d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 3714 Hickory Ave. Stella Maris Hospice NAME OF Middle First Manth DECEASED Mc Clain DEATH Catherine (Type ar print) Marv 9. AGE (In years B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) 3/22/1883 W DIVORCED WIDOWED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during mast af warking life, even if retired) Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Noel William Mc Clain 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Admission Records None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: -DAUS - STOKES DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at wark n m 21. I certify that (I) (this haspital) attended the deceased from Sept. 19 60, to 19 61, and that death accurred at 124M, from the causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE ATTENDING STAFF PHYS. PHYS. DIRECTOR | 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 602 E. Joppa Road 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL CREMATION, DATE THEREOF REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25g, REC'D BY REGISTRAR

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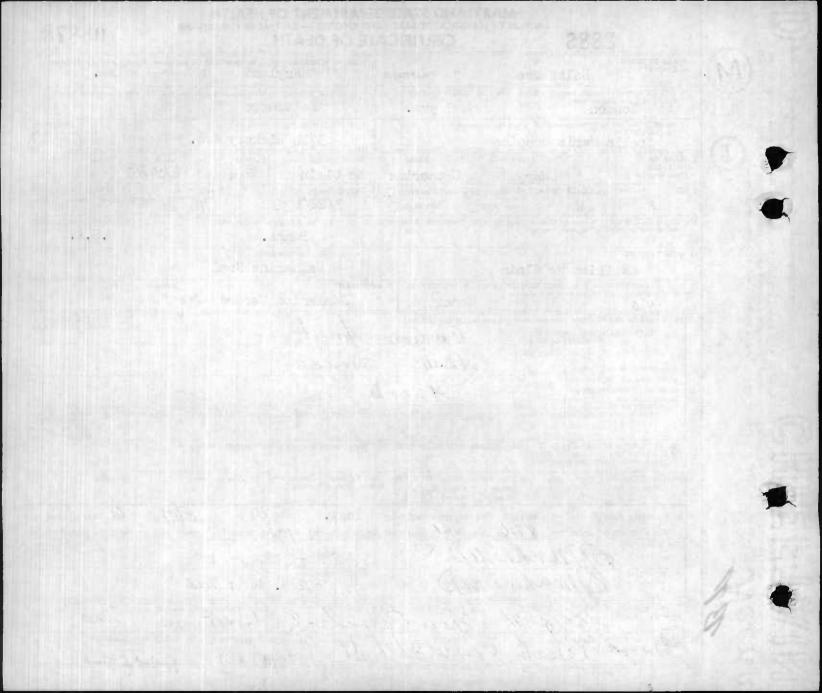
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attending physician



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CERTIFICATE OF DEATH

n Dist No (18879

0000	Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY. BALTIMOTE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Edgemere
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2421 RTKK Wythe Ave.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\overline{\overline
3. NAME OF DECEASED (Type or print) Lawrence Blair Medlin	Last 4. DATE Month Day Year OF DEATH August 7 19 63
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White Widowed DIVORCED	8. DATE OF BIRTH May 10. 1909 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min. Mi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter Steel	North Carolina 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John I. Medlin	Nettie Jane Bees
(Yes, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address rs. Julia Medlin, 2421 Wythe Ave. Balto. 19
Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	July 2 gen
CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part 11 of item 18.)
	ACE OF INJURY (Hame, farm, clary, street, office bldg., etc.) (City or town) (Caunty) (State)
21. I certify that I attended the deceased fram November alive an Congress 7, 19 fr., and that death SIGNATURE PHYSICIAN'S NAME (Type)	n accurred at 2.1. M, fram the causes and an the date stated above ADDRESS (Street, city ar town, state) DATE SIGNED M.D.
220. BURIAL, CREMATION, PROUVAL RECEIVED Aug. 9, 1961	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Ullrich Funeral Home, Dundalk, Md.	DATE AUG 9 '61 arthur S. Traves

the funeral directar, shauld be filed with s after death. Page 4 filled page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers, the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. YSICIAN: The law requires that the death certificate be executed ettificate has been signed by the attending physician and campl attending physician. hed by the haspital DIRECTOR: After this TO FUNERAL TO HOSPAL VS A15 (4) 15M 9/5B

STANK I MARKE indep descore C 10 1000 1 1 The second of th A CAN DANGED HOME AND A STATE OF THE STATE O

by the funeral director, and 2 shauld be filed with urs after death. Page 4 Pages 1 ly fille death D FUNEXAL DIRECTOR: After the certificate has been signed by the attending physician and con page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pethe State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be execute ained by the haspit of attending physician. may the pained by the haspit TO FUNEXAL DIRECTOR: After

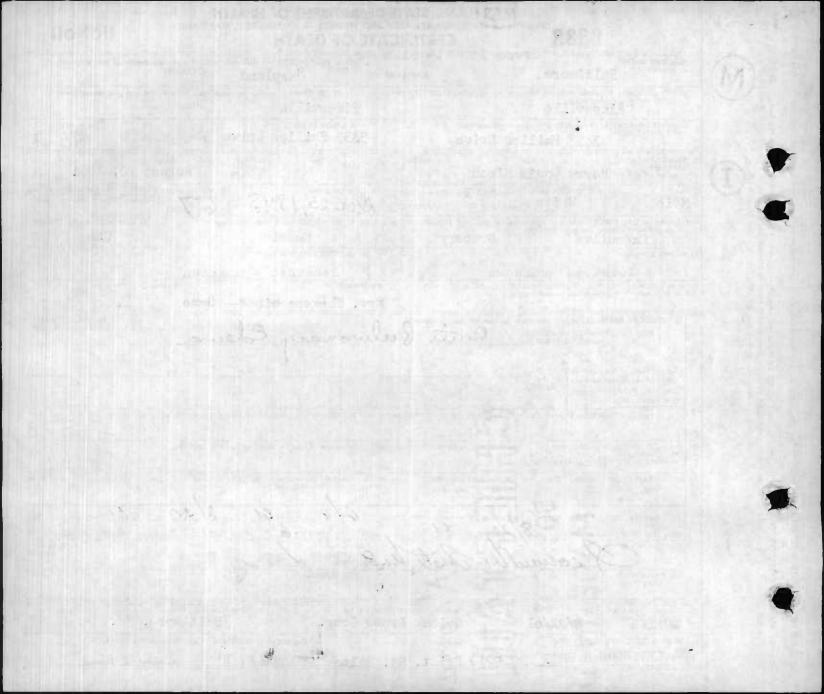
TO HOSP!

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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_			F 100 75	7 2 7 1 7	1-1-0	207	17716	7				
1.	PLACE OF DEATH	Baltimore	ems	#2 & 14 F	CLAND	a. STATE	Mary		b. COUNTY	n: Residence b	efore admis	isian)
	b. CITY OR TOWN (RURAL and give n	If autside carporate limi earest tawn) LKESVILLE	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO		utside corporat	e limits, write R	JRAL and give	nearest taw	n)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g 3433 Phil:				d. STREET AT 3433 Ph		Drive	1		ON	SIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	Harry Loui		Middle ch		Lost		4. DATE OF DEATH	Augu	st 20,	1961	Year
	SEX Male	6. COLOR OR RACE White	7. MARRI	DIVORCE	- 11	PLC 25	1180	73 "	AGE (In years last birthstay) yrs.	Months Da		
	during most af war	ON (Give kind of wark of king life, even if retired ative		rocery			Russi	a	ntry)		IOF WHAT	COUNTRY
13.	. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
		eased -unk	_				eased	- unk				
	es. no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO		s. Ther	esa M	inch	Same	ess		
		immediate DUE TO)	e for (a), (b), and (c)	Žuli	vona	y	Eder	ne		NTERVAL B	ETWEEN) DEATH
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO	THE TERMII	NAL DISEASE C	CONDITION GIV	EN IN PART 1(PERF	AUTOPSY ORMED?
CERTIF	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED. (Enter noture of	injury in P	Port I ar Part II	af item 1B.)			
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Doy, Yea	20d. IN While at work	Nat while of work		OF INJURY (Hy, street, affice			r tawn)	(Cour	nty)	(State
	21. I certify the	ot (1) (this hospital	attend 20	ed the deceased		/		M, fram th	/	, 19 <i>61,</i> d an the d		
	220. SIGNATURE	Deoual	elle	Riste	lesse	ATTENDING	DI	D. RECTOR	STAFF PHYS.		2:	2b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRE	55					
23	BURIAL, CREMATIC	8/22/61)F	23c. NAME OF CEM Chizuk					Baltimor		(Sto	ite)
	FUNERAL DIRECTOR			ADDRESS		Ma	25a. REC'[BY REGISTRA	R 2Sb. REGIS	TRAR'S SIGNA	TURE	
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AL A	AL	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after
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TO HOST AL OR ATTENDES PHYSICIAN: The law requires that the death certificate be executed within death.	TO FUNERAL DIRECTOR: A refishis certificate has been signed by the attending physician at completely led in	Ġ.	گ

VR A15 (4)

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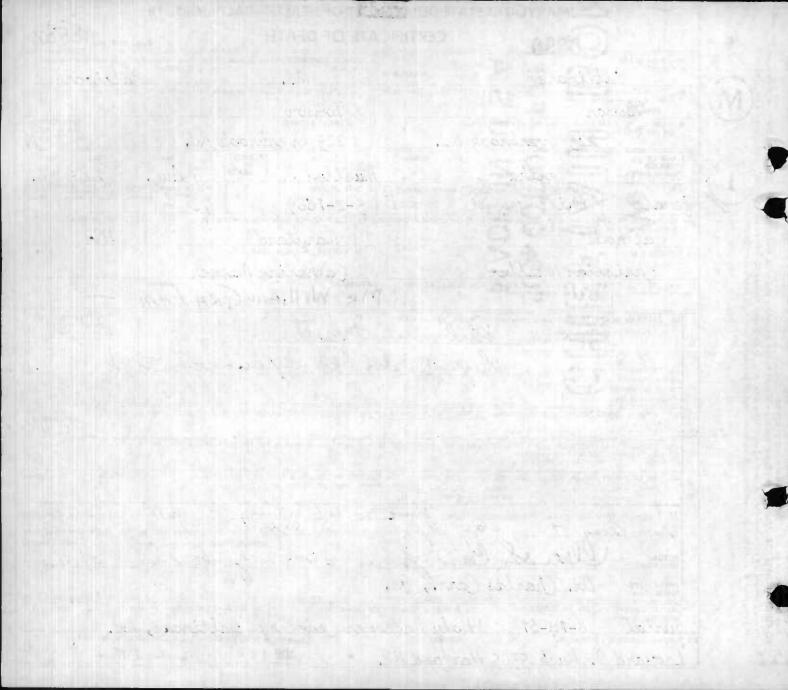
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY e. STATE b. COUNTY Baltimore Maryland Howa m MARYLAND b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Catonsville 19vr5mth7dvs Lisbon, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SPRING YES NO STATE HOSPITAL NAME OF Middle Lest 4 DATE Month DECEASED (Type or print) DEATH August 15 19 61 Ruby Morgan 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS lest birthdey) Months Hours WIDOWED [DIVORCED female white April 27, 1894 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housework Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levy Morgan Anna Gaver 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) unknown Records: SPRING unknown GROVE STATE HHOSPITAL 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Terminal pneumonia IMMEDIATE CAUSE (e) DUE TO Cardiac failure Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying Arteriosclerotic cardiovascular disease ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While et work et work March 3 21. I certify that (this hospital) attended the deceased from...... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING Stella Wachiler X PHYS. PHYS. STATE HOSPITAL SPRING GROVE 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Catonwille 28, Maryland 2304 BURIAL, CREMATION. 23d. LOCATION (City, town or county) (Stete) ADDRESS Sy Resu 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE AUG 1 8 '61

A DESCRIPTION OF THE PROPERTY Carried Day & Star The Colonies ALEXA MORE THAT THE TAXABLE PARTY. Will by Far Week Somme

VS A15 (4) 15M 9/58

AN	RYLA	ND	STATE	DEPA	ARTMEN	IT OF	HEAL	TH—B	ALTIM	ORE,	18

2890	CERTIFICA	ATE OF DEATH		Reg. D	ist. No.[] 8882
1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OWSON	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporate lim	its, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 225 Overbro	1 0 1	d. STREET ADDRESS	brook R	d.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Bertha	Middle	Maellen	4. DATE OF DEATH	Month	Day Year
	RIED NEVER MARRIED	B. DATE OF BIRTH 5-2-1889	9. AGE lost	(In yeors IF UNDEr birthdoy) yrs. Months	R 1 YEAR IF UNDER 24 H Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at nome	. KIND OF BUSINESS OR INDU	Marulan	d	12. CI1	USA
13. FATHER'S NAME Christian Mueller		(atherine	An		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	NFORMANT WILLA	m GRA	hAm	_
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the <u>under-</u> lying cause lost. (c)	ine Pay (0), (b), and (c).] Eulmonus Ulrbollinus	Infarction	lienos	Frank	INTERVAL BETWEEN ONSET AND DEATE Justum
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONE	DITION GIVEN IN PAI	RT 1(0) 19. WAS AUTOPS PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	art I or Part II of it	tem 18.)	
ZOC. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. While p. m. 19	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town	n) ((County) (Sto
21. I certify that I attended the decearative an Council 19 ACTUAL SIGNATURE PHYSICIAN'S Dr. Charles	/ . //	accurred at 8125		auses and an th	ast saw the decease date stated abordance DATE SIGN
220. BURIAL, CREMATION, REMOVAL (Specify) 000101	22c. NAME OF CEMETERY OF HOLY Redee	R CREMATORY men Cemetery	22d. LOCATION (C	City, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'6		24b. REGISTRAR'S SI	



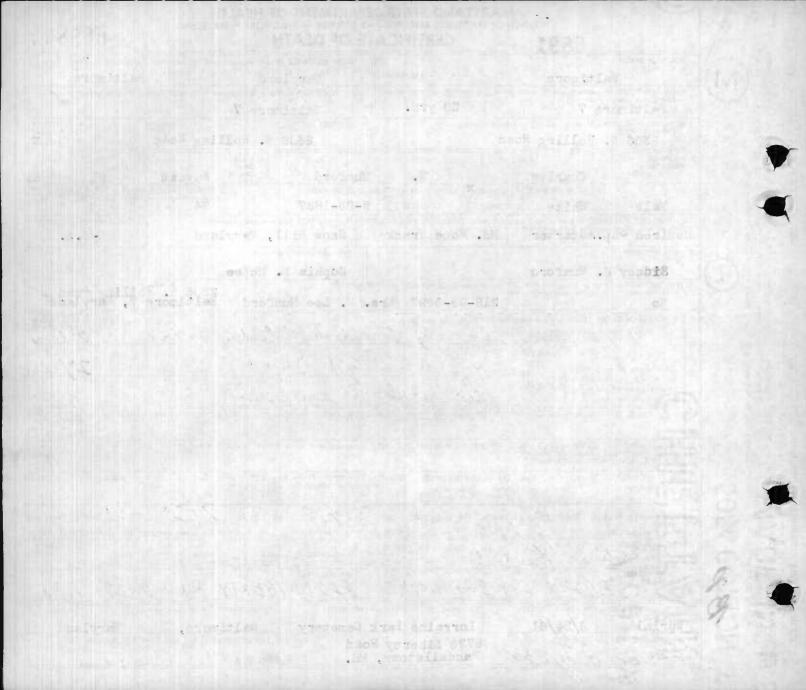
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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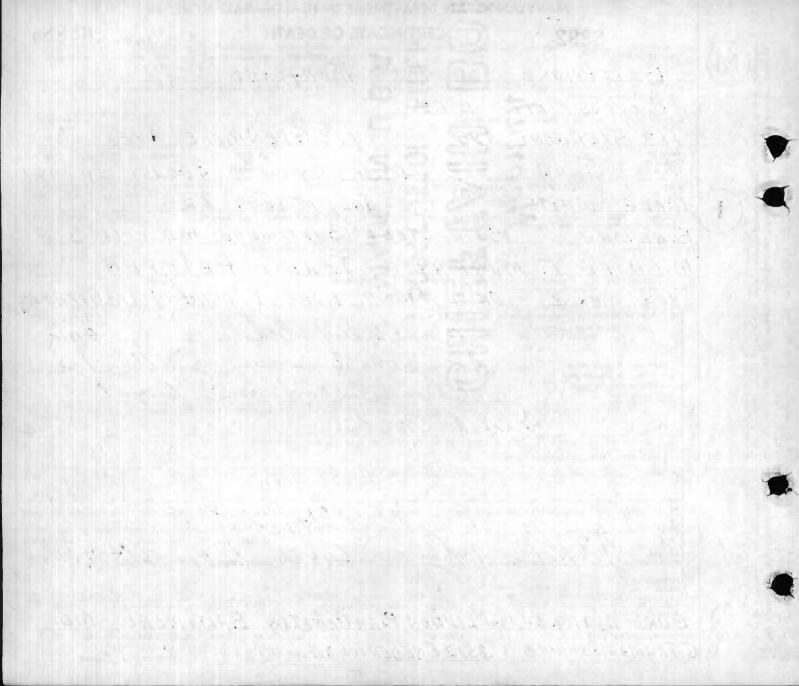
L		8841		CERTIFI	CAIL	OF DEATH	•		C)	0000
1	1. PLACE OF DEATH o. COUNTY Baltimore				AND 2. L	JSUAL RESIDENCE (Vo. STATE Mary 1		lived. If institution b. COUNTY	n: Residence bef	
	b. CITY OR TOWN (I RURAL ond give ne Baltimon	autside carporate limi arest town)	ts, write	c. LENGTH OF STAY II	N 1b	CITY OR TOWN (II		ate limits, write R		
-	d. NAME OF HOSPIT	AL (If not in hospitol, g		oddress)	1	d. STREET ADDRESS		ling Roa	d	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Fir		Middle	Mas	last mford	4. DATE OF DEATH	Man	th C	Oay Year 19 61
5	. sex Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DA	TE OF BIRTH 25-1887		August August AGE (In yeors lost birthdoy) 74 yrs.		R IF UNDER 24 HRS. Hours Min.
1		N (Give kind of work	done 10h	KIND OF BUSINESS OR	INDUSTRY			untry)		F WHAT COUNTRY?
ī	3. FATHER'S NAME	. Mumford		No La	14.	Sophia E				
	5. WAS DECEASED EVE		ervice)	SOCIAL SECURITY NO.	17. INFORM			2306 No	Rolling	Road ryland
	PART I. DEA 420.0 Conditions, if all gave rise to it couse (a), stating lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO 1y, which n mediate the under- (c))	Hypsilys Cabuse	Throm We Control	Losin -	Cardini ion	CONDITION GIVE	w ON	TERVAL BETWEEN USET AND DEATH THE STATE OF
Coate Ciate	YES NO ACCIDENT WAS UNDERLYING NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)									PERFORMED? YES NO
O POLICION		MEDICAL EXAMINER) Y Manth, Doy, Yee	ar 20d. IN While of work	Not while	20e. PLACE C factory,	OF INJURY (Home, fo street, office bldg., e	rm, 20f. (City etc.)	or town)	(County	(State)
	21. I certify that (I) (this haspital) attended the deceased fram. 22. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19									
	22c. PHYSICIAN'S NAME (Type)	un He	upm	8)	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	21	SIGNED
2	3a. BURIAL, CREMATIO	N, 23b. DATE THEREC	OF	23c. NAME OF CEMET	TERY OR CRE	MATORY	23d. LOCATI	ON (City, town, o	BAH ((State)
	REMOVAL (Specify) Burial	8/24/61		Lorraine	D 1. 0		72 3	more.	Mar	

s after death. Page 4 ely filled to 2y the funeral director, Pages 1 and 2 shauld be filed with within 24 may be pined by the haspiter of attending physician. **5 FUNENAL DIRECTOR**: After the certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Baard af Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING RIYSICIAN: The law requires that the death certificate be executed may be a sined by the haspiter attending physician.

TO FUNENTAL DIRECTOR: After 127, certificate has been signed by the attending physician and company to the VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1885)

1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Whara dacaasad livad, If institution: Rasidence bafora admission)							
Baltimore MARYLAND	Maryland							
b. CITY OR TOWN (if outside corporate limits,								
write RURAL and give pearest town) Baltimore 12	Baltimore 18. 3V11-4							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give streat address) Armacost Nursing Home 812 Regester Avenue	d. STREET ADDRESS Warrington Apts., 3908 North Charles St Application of the content of the c							
3. NAME OF DECEASED First Middla	Last 4. DATE Month Day Year OF							
(Typa or print) Charlotte J.	Oliver DEATH August 18 1961							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
Female white widowed k Divorced	Jan. 1, 1882 79 yrs. Months Days Hours Min.							
10a. USUAL OCCUPATION (Giva kind of work dona during most of working lifa, aven if rafired) Housewife 13. FATHER'S NAME Frederick D. Hall								
PART I, DEATH WAS CAUSED BY:	red. E. Hall, 121 Gothard Road, Lutherville, M ascular hemonthage 36 hours ofic cardio vascular years close ase							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANT OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCUPANT OR CONTRIBUTION OR C	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NEED. (Enter nature of injury in Part I or Part II of Itam 18.)							
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED Year Factory, streat, office bldg., atc.) Factory, streat, office bldg., atc.)								
21. I certify that (I) (this hospital) attended the deceased from fully 19.56 to 18.6, that (I) (we) last saw the deceased alive on 17.19.6, and that death occurred at 1.6.M, from the causes and on the date stated above. 228. SIGNATURE 220. DATE								
22c. PHYSICIAN'S NAME (1979e) Alfred G. Ossman, Fr. M. I	ATTENDING DIRECTOR PHYS. 8-20-661 22d. ADDRESS 216 East University Parkway, Zone 18							
	nt Cemetery Baltimore							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Cook-Towson, Inc., 1050 York Road,	Towson Date 258. REGISTRAR 256. REGISTRAR'S SIGNATURE							
The state of the s	TOWN IT TOWN							

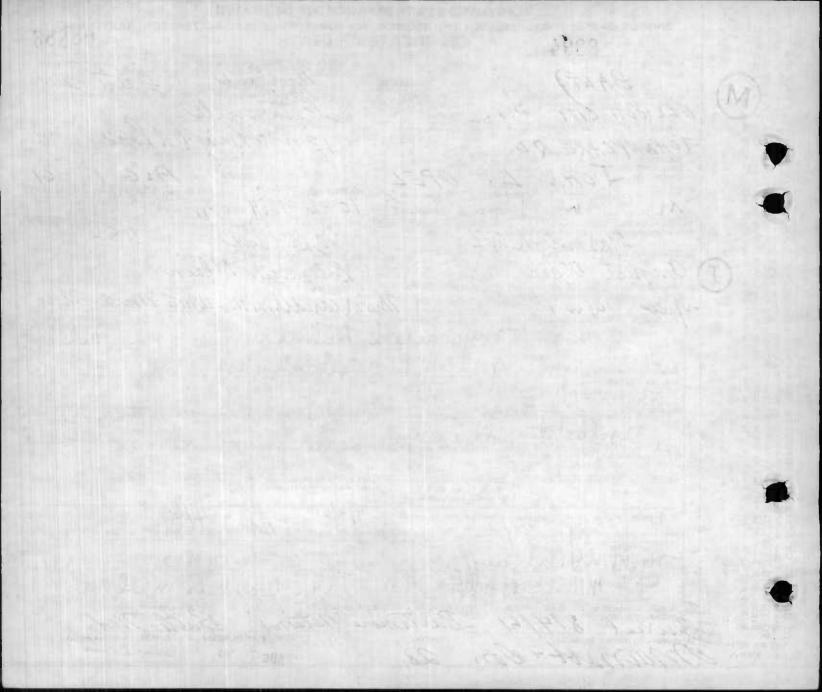
Er temper of the government of the contraction redem. 1, Inde giran Little Letter, Charles Letter distinct of the section of The second of the second of the second State of the said of the families of the said of the s THE ALLESS OF STREET, The state of the s

illed in by the funeral within 24 hours after TO HOW TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a death, set may be retain by the hospital or attending physician.

S TO FUNERAL DIRECTOR: A feet this certificate has been signed by the attending physician a complete, filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the please of the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the please of the state Dept.

	MAKILAND STATE DE	PAKIMENI OF HEAL	ın
DIVISION OF STATIS	TICAL RESEARCH AND RECORDS	, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
889	4 CERTIFICAT	E OF DEATH	r, BALTIMORE 1, MARYLAND

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence before admission)
		COUNTY RAITO	a. STATE A DUNTY & D. COUNTY	ti mal
	_	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR JOWN II outside corporate limits, write RURAL and	mou
	-	write RURAL end give pearest town)	c. CITY OR O WINTER OUTSIDE COPPORATE HIMIS, WILL KORNE AND	live meets in this
	E	LLICOTT CITY P.O.	Calonsville	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	7	DHNINKAKE DA	137 Exercise Foas	YES NO I
1	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
		DECEASED	OF D	1 11
1		(Type or print) I OHN L. OTEL	DEATH /70G	196/
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 Y	
		M WIDOWED DIVORCED	10-2-1889 last birthdey) Months Da	eys Hours Min.
М		. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	001	ne during most of working life, even if ratire	Marshaud U.S	-
	13	FATHER'S NAME	14. MOTHER'S MAJOEN NAME	
7		3 + 19 01	E 1: 1 +1 +1	
		luguel pel	Chizabeth lein	
			NFORMANT	, 2v./.
	110	s, no, or unkown) (If yes give wer or dates of service)	Mildred Smith - White Mars	w-Mas
	1	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	macula print	INTERVAL BETWEEN
	-1	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
		IMMEDIATE CAUSE (e)	gailaic	IWK
		LI 50 DUE TO A A I	4	
		Conditions, if any, which \ (b) Yeller all a	Merioscherosis.	
		geva rise to immediate cause		
		(a), steting the underlying DUE TO		
		couse lest. (c)		
	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
	ATI	met a statue Carcinomea		YES NO C
	H	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part I or Part II of item 18.)	
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
			CE OF INJURY (Home, ferm, 20f. (City or town) (Count	y) (Stete)
	DICAL		ory, street, office bldg., etc.}	7) (3)6)6)
	MEDI	p.m. 19 at work at work	11	
		21. I certify that (I) (this hospital) attended the deceased from	7/11/61 , 19 , to 8/1/6/ , 19	, that (I) (we) last
		saw the deceased alive on. 7/11/61 19, and that	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			opani occurso al, from the causes and on the	22b. DATE
		22e. SIGNATURE	ATTENDING MED. STAFF	SIGNED
			.D. PHYS. DIRECTOR PHYS.	Ballo
		22c. PHYSICIAN'S NAME (Type) M. Itana Call all the	22d. ADDRESS	Mal Mad
4		The transcrience I I D	6410 Windson Mill	van van
	236	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
	1	MEMOVAL (Specify) D/4/4/ Rectange	re- national Balk no	
	3	MANA DISCOURTED ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	CNATURE
1	13	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2 4 0 4	Time
1	1	Munar von 28	DATEAUG 7 '61 Chilled D. 1	
	_			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 8895 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission), a. COUNTY Baltimore b. COUNTY MARYLAND Harii funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) TO imonium the d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION utaw Place ast Road NAME OF 4. DATE OF Middle DECEASED DEATH (Type or print) aatha 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH DIVORCED | WIDOWED paper 166. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of warking life, even if retired) imore, ond Housewi after 13. FATHER'S NAME physician Mary Riordon Reardon mave haurs IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO **INFORMAN** 72 attending = 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ă PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

ON A FARM? YES NO NO Month Day Year 19 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS last birthday) Months Haurs yrs. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH DUE TO Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m While Not while 19 at wark at wark p. m 21. I certify that I attended the deceased from 1961, that I last saw the deceased and that death accurred at 5:30 DM, from the causes and on the date stated above. ADDRESS (Street, city_ar town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22a. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 61 athedra om imore, / Vew Durial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Krous '61 Harbord Road DATEAUG 9

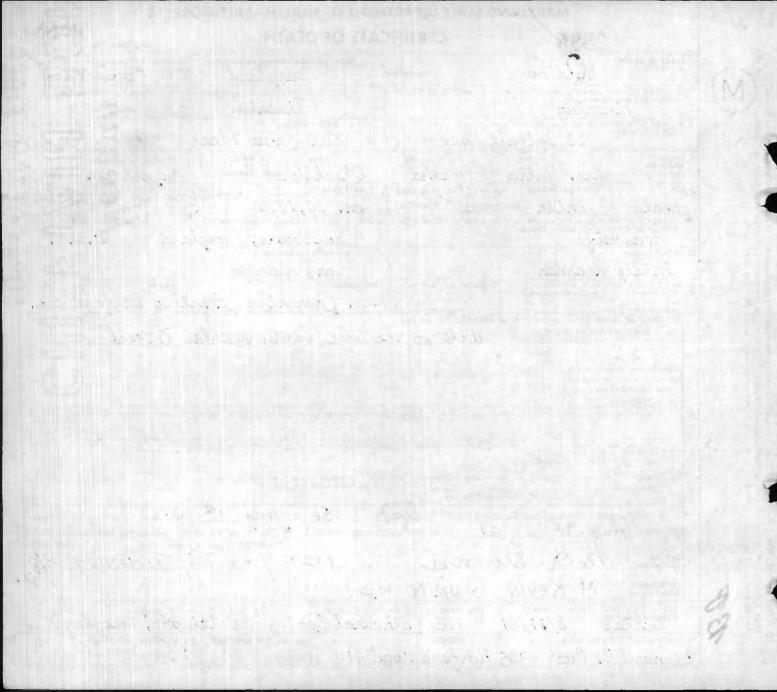
Reg. Dist. No.

Roltimore

e. IS RESIDENCE

þ Ē re has been signed burial-transit permi physician ending cate ached OR ined by pe 0 ā shaul FUNER page 6 0

VS A15 (4) 15M 9/5B



FOR STATE HEALTH DEPT

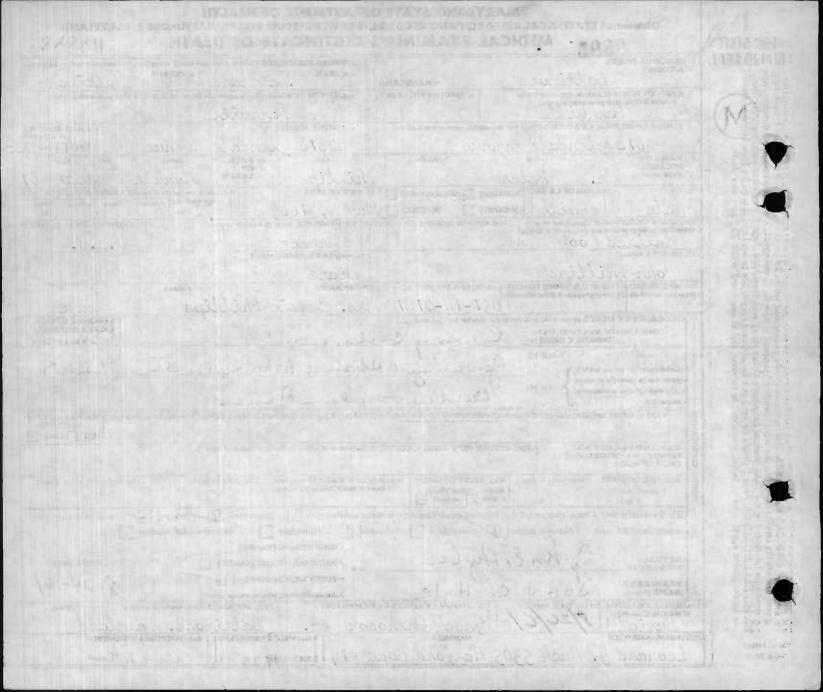
TO DE ST MEDICAL EX LINER: This certificate should be executed within 24 hours after iff. If at lay is necessary, please execute the certificate, witing the word "pending" in pencil in Item 18. Give Pages 1, 2, at 3 to the funcial director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for york files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Nealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 figures after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATI	STICAL RESEARC	CH AND RECORDS,	301 W. PRESTON S	STREET, BALTIMOR	E 1, MARYLAND
8895	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	118888

11	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before edmission)
L	Baltimore MARYLAND	. STATE Maryland b. COUNTY B.	altimore
	b. CITY OR TOWN (if outside corporate limits, write RURAL ped give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
L	Parkville	Parkville	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
	2818 Glendale Avenue	2818 Glendale Avenue	YES NO NO
3	NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Year
1	(Type or print) Mr. Peter	hillips OF DEATH Aggust 2	3rd 19 61
1 5	. SEX 6. COLOR OR RACE 7. MARRIED WEVER MARRIED B.	DATE OF BIRTH 9. AGE (In Yours IF UNDER 1 Y	
	male white WIDOWED DIVORCED M	ay 5, 1889 72 yrs.	eys Hours Min.
E	00. USUAL OCCUPATION (Give kind of work lone during most of working life, eyen If retired)	Y 1. BIRTHPLACE (Stele or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Г	Retired (ook	Greece	SA
Ti	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	00010
П	0.1. 01.11.	A: 2	
-	John Philips	Diane !	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	NFORMANT	
L	051-14-0141 //	rs. Bessie Phillips	same
Г	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLONIAL DEC	lean, m	ONSET AND DEATH
1	1100	- COUNTRACTOR	2.0,00
1.	DUE TO COMMENT	down a Att and Co	1 +
1	Conditions, if eny, which geve rise to immediate cause	world in houselessan	contect.
	(e), stelling the underlying DUE TO	. 0	
	couso lost. (c) Certain Vos	color disone	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	
I ₹			YES NO 1
CERTIFICATION	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E)	nler nature of injury in Pert I or Part II of Item 18.)	1.10
1			
13	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLAC	CE OF INJURY (Home, ferm, 20f. (City or town) (County	y) (State)
MEDICAL	Hour a.m. While Not While st work at work	ry, street, office bldg., atc.)	
1	21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection . Inquiry .	and in my opinion
	death resulted from: Natural causes Accident . Suici		ond in my opinion
		CHIEF MEDICAL EXAMINER	
	ACTUAL CHARLE		C. DOWNSON W.
1	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type) SOHN C. Hule	Address (Street, city, town, or county)	8-24-61
2:	BURIAL, CREMATION, 126. DATE THEREOF 22c. NAME OF CEMETERY OR		(Steta)
	REMOVAL (Specify) 8/26/6/ Charles On the	1 0 1	land
-	Burial 1/26/21 Greek Urthod 3. FUNERAL DIRECTOR ADDRESS	lox (em. Baltimore, Mary	NATING
1	1 10 0 1 11 1 1:0	1 11 - 1 - 1	NATURE
L	Leonard J. Ruck 5305 Harford Road	#14 DATE AUG 25 '67 Circhen S. t.	trace



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND R RESTON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY STATE Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) writa RURAL and give nearast town) Fort Howard 73 Days Baltimore 17 .= e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give straet eddress) d. STREET ADDRESS ON A FARM? YES NO Veterans Administration Hospital Brunt Street 3. NAME OF DATE DECEASED (Typa or print) DEATH ROBERT POWELL August AGE (In years | IF UNDER 1 YEAR | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months Days Hours DIVORCED X Male WIDOWED [62 Negro August 6. even 10a. USUAL OCCUPATION (Giva kind of work 12, CITIZEN OF WHAT COUNTRY? IDE. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (County & State, or foraign country) remove physiciar done during most of working life, avan if ratirad) Morgue attendant Pathology Mount Washington, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊑ s attending Then please and William Powell Ella Dutton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. CINICAL Records, VAH, Baltimore 18, Maryland (Yas, no, or unkown) | (If yes give war or datas of sarvice) removal Fort Howard, Division INTERVAL BETWEEN 212-18-0865 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA, LEFT LUNG WITH METASTASIS 2 YEARS IMMEDIATE CAUSE (a) TO LUMBAR VERTEBRAE, 4-5, LIVER, PERICARDIUM, HILAR LYMPH NODES been gava rise to immediate ceusa BILATERAL PYLONEPHRITIS AND HYDRONEPHROSIS UNKNOWN Pur (a), stating the underlying has certificate ha bur 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING ď OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Day, Yaar factory, street, offica bldg., atc.) While Not While at work at work 21. I certify that (x (this hospital) attended the deceased from June 167:0061, toAugust 28..., 1961, that (x (we) last the deceased alive on August 28 DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 8/29/61 M.D. 22d. ADDRESS NAME (Type) VAH, BALTIMORE 18, MD., FT. HOWARD SEBASTIAN RUSSO, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Sept. 1, - F & Baltimore National Cemetery Baltimore 28, Maryland 0 Burial 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE

Ludlow H. Carroll, 810 Madison Ave., Balto.1, Md.

'61

Circling S. Thousa

0 VR A15 (4) 15M 9/60

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Notice French Los Control Street

VAR, BARTISON 18, OF SP. NOWIN DIVINIO

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IN ADDRESS VERBERT, 4-5, LEVER, FACTOR ROLL, STEAR FI.

THE REPORT OF SKILLING FOR THE PARTY OF SAME

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Uniting Hattoni Cometairs Boltingre St. Harviria

indiov H. Centrall, 310 Madison Ave. Polito. Apid. | 552 1 | 51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

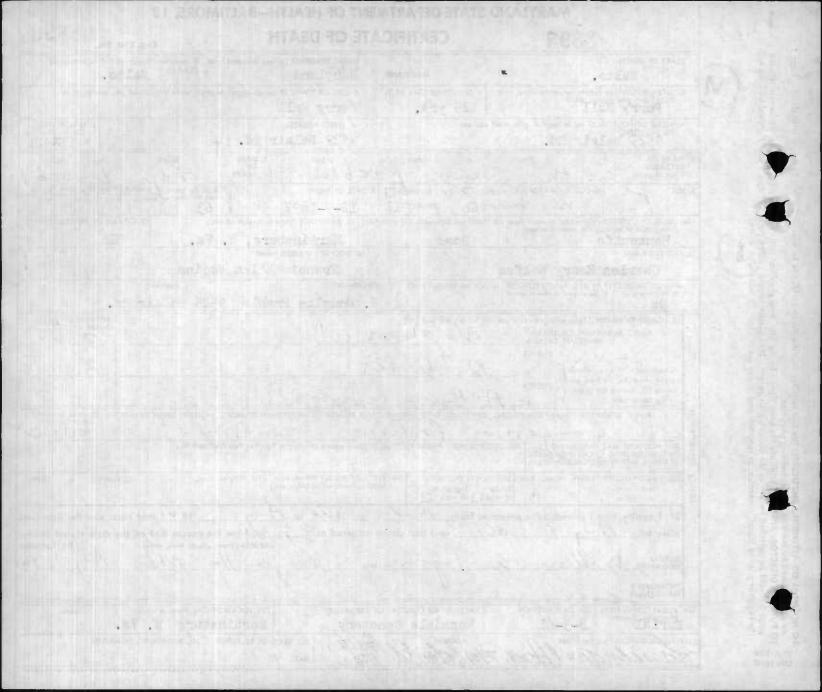
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0000		keg, Dist. No.			
1. PLACE OF DEATH O. COUNTY Balto.	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution: 6 b. COUNTY	Residence before admission) Balto.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town) Perry Hall	c. LENGTH OF STAY IN 16	Perry Hall	outside corporate limits, write RURA	L ond give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 9525 Belair Rd.	oddress)	d. STREET ADDRESS 9529 Belai:	r Rd. /	e. IS RESIDENCE ON A FARM? YES 350	
3. NAME OF DECEASED (Type or print) Edith	Tezy Middle P	reble	4. DATE Month OF DEATH	Day Year	
S. SEX 6. COLOR OR RACE 7. MARK WIDOW!		B. DATE OF BIRTH 12-9-1897	9. AGE (In years lost birthdoy) AG 63 yrs.	INDER I YEAR IF UNDER 24 HRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN I			
Charles Henry Wolfes			Ellen Bodine		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service)		nformant J. Douglas Pr	eble 9525 Belai	r Rd.	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b)	Nephro	5:1		INTERVAL BETWEEN ONSET AND DEATH	
gave rise to immediate couse (a), stating the under-lying couse last.		Cleros:	SINAL DISEASE CONDITION GIVEN I		
PART II. OTHER SIGNIFICANT CONDITIONS COME CONTRIBUTING CONTRIBUTION C	CRIBE HOW INJURY OCCURRE		Part I ar Port II of item IB.)	PERFORMED? YES NO	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work of wo			(County) (State)		
21. I certify that I attended the decease alive on		occurred at 8 6	M, from the causes and ADDRESS (Street, city or town, state \$ 3.1/e Md	on the date stated above	
220. BURIAL CREMATION, 22b. DATE THEREOF 8-3-61	22c. NAME OF CEMETERY OF Rosedale Ceme		22d. LOCATION (City, town, or co Martinsburg W.	uniy) (Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE	HOI Collected	MA DATE A	D BY REGISTRAN JG 4 '61	R'S SIGNATURE	

by the funeral director, I and 2 should be filed with gurs after death. Page 4 PHYSICIAN: The law requires that the deoth certificate be execute moy be pained by the hosping a attending physicion.

O FUNL AL DIRECTOR: After a certificate hos been signed by the ottending physician and compoge 3 should be detached for Use as the burial-transit permit. Then please remove carbon pape the registrar prior to burial, cremotion, or removal, and in any event within 72 hours offer death.

TO HOSPITA VS A15 (4) 1SM 10/S7



FOR STATE TO DE CY MEDICAL EX KNER: This certificate should be executed within 24 hours after after a leave is necessary, and please execute the certificate, withing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the target a real director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

	MAKI	AND SIAIE D	EPAKIMENI OF HEALIH	
Division of STATISTIC	CAL RESEARC	H AND RECORDS,	301 W. PRESTON STREET, BALTIMO	DRE 1, MARYLAND
8899 A	AEDICAL	EXAMINER'S	CERTIFICATE OF DEATH	11089

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
	Baltimore MARYLAN	Maryland Baltimore					
1	b. CITY OR TOWN (if outside corporale limits, write RURAL and give nearest town) Dundalk	The County of Town (If outside corporate limits, write RURAL and give nearest town) Dundalk					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?					
	7452 German Hill Road	7452 German Hill Road YES NO T					
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF					
	(Type or print) GEORGE C. PRETTYMAN	DEATH August 18, 19 61					
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS.					
	Male Thite WIDOWED DIVORCED	June 3, 1890 To Months Days Hours Min.					
5	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, evan if ratired)						
1	Carpenter	Pennsylvania U.S.A.					
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	John Prettyman	Ellen Newmen					
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (Ifyesgivewarordatesofservice)	17. INFORMANT Address					
	No. 191-05-1009	Mrs. Orpha Prettyman 7452 German Hill Road.					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) H-J-C-V-	L ISLASE					
	422.1 DUE TO	427.1 DUE TO					
	Conditions, if any, which (b)	1-1					
	(a), stating the underlying DUE TO	gave rise to immediate cause (a), stating the underlying DUE TO					
	cause last. (c)	cause last. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED					
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BU 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	YES NO					
	20b. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.						
	Hour a.m. While Not While	, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.)					
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion						
1	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .						
	ACTUAL MOS ATING	CHIEF MEDICAL EXAMINER					
H	SIGNATURE // / / / / / / / / / / / / / / / / /	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED					
	EXAMINER'S NAME (Type) M.B. Davis, M.D.	Address (Street, city, town, or county)					
	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify)						
	Burial 8/21/61 Meadow Ridge	e Cemeyery Elkridge, Md.					
	23. FUNERAL DIRECTOR Ullrich Funeral Home Dundalk, Md.	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE AUG 23 '61 Carthur 2. Kraus					

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE STREET SECTION AND ADDRESS. urs after death. Page 4

HYSICIAN: The law requires that the death certificate be execu

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

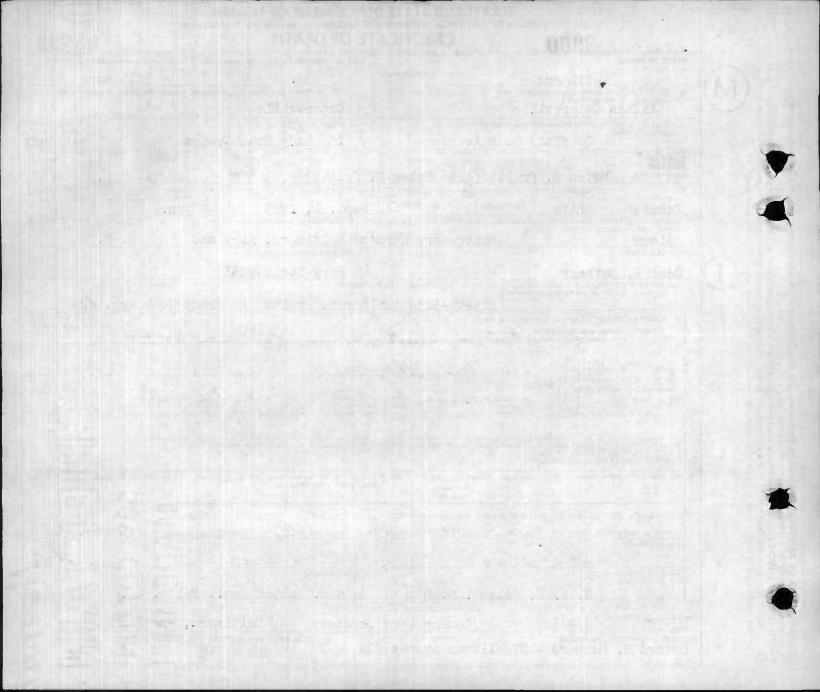
CEDTIFICATE OF DEATH

116000

L		8300	CERTIFICA	IL OI DEAT			6800	6
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission))			
	o. COUNTY	Baltimore	MARYLAND	o. STATE Md.	b.	COUNTY Balt	imore	
Н	b. CITY OR TOWN (If	outside corporate limits, write	c. LENGTH OF STAY IN 16		If outside corporate limi			
	RURAL and give nea	Catonsville		Catonsvi	110			
\vdash		L (If not in hospital, give stree	et oddress)	d. STREET ADDRESS			e. IS RESIDE	NCE
	OR INSTITUTION			1			ON A FA	ARM?
		20 Shady Noo			Nook Aven	ne	YES N	IO K K
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Yea	ir
			t (Also Helen B	. Pruitt)	DEATH	August		61
5.	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		(In years IF UNDER	Days Hours	
	female	white WHOO	WED DIVORCED	Sept. 1. 19		yrs.	Days Hours	Min.
10	. USUAL OCCUPATION	N (Give kind of work done 10 ng life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	ote or foreign country)	12. CIT	IZEN OF WHAT COL	JNTRY?
	clerk		Montgomery Ward	's Baltimor	e. Maryland	d U.	S. A	
13.	FATHER'S NAME		101106011011	14. MOTHER'S MAIDEN				
	Talan D Da	de la mana		Mary Ste	imrodol			
15.	John E. Bo		6. SOCIAL SECURITY NO. 17. II	MALLY SEE	TIMEGET	Address		
	is, no, or unknown) (If	yes, give wor or dotes of service)			1.1 00 01		"00	
H	no			lbur R. Prui	tt 20 Shad	LY NOOK AV		
		H [Enter only one couse per	line for (o), (b), and (c).]				ONSET AND DE	
	PARI I. DEAIR	H WAS CAUSED BY:	turd dessection	y anexiam of	Label mines	arrie)		
	DUE TO							
	Conditions, if ony, which) (b) asteries - selectories				10415.			
	gove rise to im couse (o), stoting th	mediote (\ ,	,	0 1 3			
	lying couse lost.	(c) L	jabeter me	el tus	Pyliles	acoute	25 gra	
Z	PART II. OTHE	R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE COND	TION GIVEN IN PAI	RT 1(0) 19. WAS AUT	TOPSY
ATI							PERFORM YES N	NO I
CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II of ite	em 18.)		
CERT	OR CONTRIBUTING [CAUSE OF DEATH						
	20c. TIME OF INJURY		. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fo	orm 206 (City or town	-1	County)	(Stote)
MEDICAL	Hour o. m.	Whi	=3	ctory, street, office bldg.,	etc.)	1)	County)	(31016)
×	p. m. 19 of work of work 19 of wo							
) last			
		ed alive on duy		/ / _	M, from the co	ouses and an th	e date stated a	bave.
220. SIGNATURE			22b. D	ATE				
		Alala	28	M.D. PHYS.	MED. STAF		3/7	IGMED
	22c. PHYSICIAN'S 22d. ADDRESS							
	NAME (Type)	S A F Cal	as M. D	L N Full	Lton Ave.	Balto M		
23	BURIAL, CREMATION		23c. NAME OF CEMETERY C			ity, town, or county)	(Stote)	
"	REMOVAL (Specify)	8/9/61	Loudon Park			e, Marylar		
2.	Burlal	1111	ADDRESS					- 11
24	Howard H. Hubbard 4107 Wilkens Avenue #29							
	DATE DATE ALL STREETS AV CHARGE (L.)							

DATE

AL OR ATTENDING



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Bal timore Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 15 write RURAL and give nearest lown) Lmth23dvs Prince / Frederick Md. Pasadena A STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Galvet Co. Nursing Home SPRING GRO VE STATE HOSPITAL. NAME OF 4. DATE Middle Month DECEASED Albert Quist DEATH (Type or print) August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XP 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | last, birthdey) Months Oct. 26, 1876 white male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Sweden Sweden carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknowh unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Records: STATE SPRING GROVE unknown unknown 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c),] PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which (b) gava rise to immediata ceuse DUE TO (a), steting the undarlying CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

HOSPI TAL INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO X (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. 1, 19.61, and that death occured a 2.M, from the causes and on the date stated above. saw the deceased alive on Aug. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING 8-1-61 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S STATE HOSPITAL SPRING GROVE NAME (Type) Stella Wachsler. M. D. Catons ville 28. Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 258, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Christian & Throng

e. IS RESIDENCE ON A FARM?

YES NO

1961

IF UNDER 24 HRS.

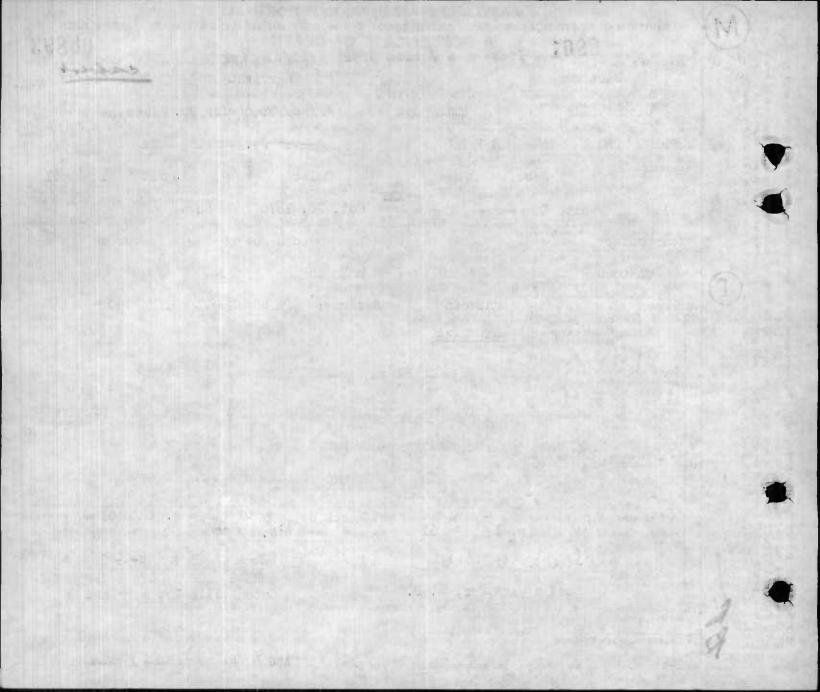
Pages led papers. 72 physician гетоуе please aftending pue Then the physician. permit. as been signed by burial-transit permi ō emation, attending has r use as the t 0 ospital prior jo the 102 Health deta ō may be retain DIRECTOR: pe should State D 3 SERAL page director, be filed FUN death. TO VR A15 (4) 15M 9/60

funeral

the day

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and



TO HO TIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR When this certificate has been signed by the attending physician of complete, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled by the side be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after

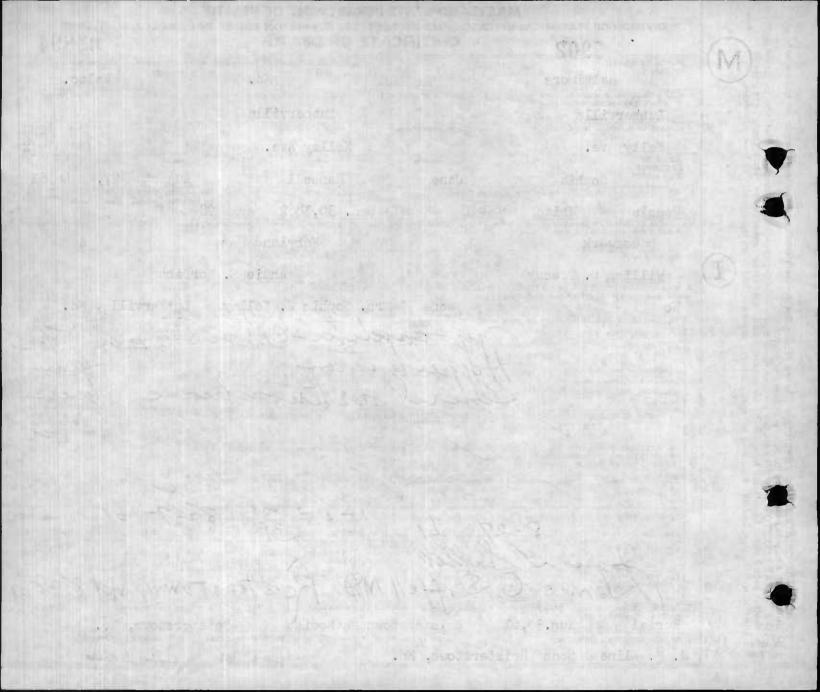
VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(18894)

- 10 11						
Л	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. STATE b. COUNTY				
	Baltimore MARYLAND	Md. Balto.				
	b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate timits, write RURAL end give neerest lown)				
	Lutherville	Lutherville X				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?				
	Kelly Ave.	Kelley Ave.				
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF				
П	(Type or print) Sophia Jane	Randall DEATH August 27, 19 61				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Is under 24 HRS. Is under 24 HRS. Is under 25 Hours Min.				
		ec. 30, 1862 98 yrs. Months Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					
	Housework	Maryland USA				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	William H. Tracey	Annie E. Morfett				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address				
	(Yas, no, or unkown) (Ifyasgive war or detes of sarvice) No None Mrs	. Sophia J. Kelley Lutherville, Md.				
-	18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).]	I INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: My Caste	elie-Chronic Decommen (- 3 The				
	443 × DUE TO 1	1				
	Add and do not have	scon Hear				
	geve rise to immediate cause	1 9				
	(a), steting the underlying DUE TO	as proselerous years				
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY				
	OF THE PERSON NAMED IN COLUMN TO SERVICE AND SERVICE A	PERFORMED?				
-	200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Part II of item 18.)				
	© OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. BCA Hour e.m. While at work tack	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, streat, office bridg., etc.)				
	Hour e.m. p.m. 19 While Not While et work et work					
	21. I certify that (I) (this hospital) attended the deceased from					
	saw the deceased alive on					
9	22a. SIGNATURE 22b. DATE					
7	M.D. ATTENDING MED. STAFF PHYS. SIGNED					
	22c. PHYSICIAN'S DAMY Hype) 1426 Q Sh ([all MD22d. ADDRESS to the standard Mol 9-28-6					
	Mes G. Soffell /	ID. REISTENTOWN, Ma 8-28-6				
	238, BURTAL, CREMATION, 236. DATE THEREOF 23c. WANT OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)				
1	REMOVAL (Specify) Burial Aug. 30,61 Reisterstown	Methodist Reisterstown, Md.				
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE				
	J. F. Eline & Sons Reisterstown, Md.	DATE SEP 1 161 Culting & Kraus				
Villa I						



TO HOSPITAL OR ATTENCING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, go 4 may be retained by the hospital or attending physician.

Yet his certificate has been signed by the attending physician of complex. After this certificate has been signed by the attending physician of complex. After this certificate has been signed by the attending physician of complex. After this certificate has been signed by the attending physician of complex. After this certificate has been signed by the attending physician of complex. After the state of the attended for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, gremation, or removal, and in any event, within 72 hours after death. M 050

3.

13

MEDICAL CERTIFICATION

23

24

8903	CERTIFICAT	L OI DEAII	•			11083)
PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where da			lance balore a	dmission
Baltimore	MARYLAND	a. STATE Maryland	d	b. COUN	TY	4	
b. CITY OR TOWN (il oulsida corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orata limits, writa	RURAL and giv	va naarast tow	1)
write RURAL and give nearest town)	3 Days	Baltimo	~~	777	211	11-4	
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, giva straet address)	d. STREET ADDRESS		11	20	e. IS RE	
Cotomone Administration	Uomital	2414 Mad	A non A			YES T	FARM
eterans Administration :	Widgle	Last Med	4. DATE	Month	Da	ay Year	NO D
DECEASED (Type or print) WILLIAM	H.	REASON	OF DEATH	Assems	at 2	0 19	63
CEY COLOR OF THE		DATE OF BIRTH		Augus	St 3	•	61 24 HR
	THE THE PROPERTY OF			last birthday)	Months Dey		Min.
TO TO THE TOTAL OF	. KIND OF BUSINESS OR INDUSTR			63 yrs.	1 12 CITIZEN	OF WHAT C	OUNTI
a during most of working life, aven if ratirad)							01111
FATHER'S NAME	Hotel	Philadelph	hia, Pe	nnsylvan	ia	U. S.	A
LATIES 2 INCINE		14. MOTHER S MAIDEN	NAME				
ohn Reason		Carolina l	MN: Unk				
WAS DECEASED EVER IN U.S. ARMED FORCES? no, or unkown) (Il yasgiva warordatas of sarvica)		INFORMANT Linical Reco:	rds. VA	H Fort.	brawoH	Divisi	on
es WW T			140, 111	1, 1010	70 100	TTATOT	OIL
			Re	Itimomo	TX Mov	bwo law	
18. CAUSE OF DEATH [Enter only one cause p	per lina for (a), (b), and (c).]		Ba	ltimore	18, Mar	WIERVAL BET	WEEN
18. CAUSE OF DEATH [Enter only one cause p			Ba	ltimore	18, Mar	ONSET AND	WEEN
IB. CAUSE OF DEATH [Enter only one cause p PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULI	MONARY EMBOLISM	ON AND THUR			1	DAY	WEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO MYO	MONARY EMBOLISM CARDIAL INFARCTI		AMURAL !		1	DAY ININOWN	WEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO MYO Conditions, if any, which gave rise to immediate cause	MONARY EMBOLISM		AMURAL !		1	DAY	WEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO MYO Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO	MONARY EMBOLISM CARDIAL INFARCTI		AMURAL !		1	DAY ININOWN	WEEN
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Chiral and Jack 102 house non-thou south and the colored

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complete. filled in by the funeral foon papers. Pages 1 and 2 should within 72 hours after death vithin 24 hours after M IY ever Aer this certificate has been signed by the attending physician Then please the hospital or attending physician.

PHYSICIAN: The law requires that the death certificate, director, page 3 should be detached for use as the burial-transit permit. Then please be filed with the State Dept. of Health prior to burial, cremation, or removal, and in, TO HO TAL OR ATTENY OF GRAPH OF ALL OR ATTENY OF THE OF TH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (18896) 8904

1. PLACE OF DEATH	ltimore		MARYLAND	2. USUAL RESIDE		decessed lived, If i b. COUN		nce before admission)
b. CITY OR TOWN (if	outside corporate limi	its, c.	LENGTH OF STAY IN 16			orporete limits, write	RURAL end give	neerest town)
write RURAL end g		8		Baltim	ore 18		3V01	4
House in t	he Pines Avenue	Nursing	give street address) GHome	Cambridge Charles		Apartmer th Street	ts	IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED	First		Middle	Last	4. DAT			у Үеег
(Type or print)	Le	ee	M.	Reely	DEA	TH Augu	ist 30	0 1961
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lest birthdey)		
male	white	WIDOWED	DIVORCED	June 12,]	1886	75 yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPATION done during most of work Supervisor 13. FATHER'S NAME	N (Give kind of working life, even if retire	B.T.C.	d Railway	TRY 11. BIRTHPLACE (CD Dayto	on, Howa	or toreign country) and Co, Md		S.A.
	. 7							
George Re		CEC2 14 COC	AL SECURITY NO 1 17		etta Ni	Cholson		
(Yes, no, or unkown) (Ify	es give war or detes of s	service)		rs. Carolin	D 7			Zon
Conditions, if eny, geve rise to immediate (e), stelling the uncourse last.		Carci		Dlomac				131'
PART II. OTHER S	S UNDERLYING CAUSE OF DEATH	2Db. DESCRIBE		OT RELATED TO THE TER ED. (Enter neture of injury			EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO
ZOc. TIME OF INJUR Hour e.m. p.m.	19	White et work	Not While ta	ACE OF INJURY (Home, ctory, street, office bldg.,	, etc.)	City or town)	(County)	(State)
				8 - 24- at death occured a	7459M, fr			date stated above
22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	K. Jol Nilmer	(lager	laser M.D.	ATTENDING PHYS. 22d. ADDRESS 6209F9		STAFF PHYS.	Baltin	22b. DATE SIGNET 8-31-61
230. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	N, 23b. DATE THE		Baltimore	OR CREMATORY	23d. L	Baltimor	vn or county)	(Stete)
24 FUNERAL DIRECTOR'S			ADDRESS		REC'D BY REC	GISTRAR 256. REC	SISTRAR'S SIGN	ATURE
Wm. Cook, In	c., 1217	St. Paul	Street, Z	one 2 DATE	SEP 1	'61 a	rthur S. H	iaud

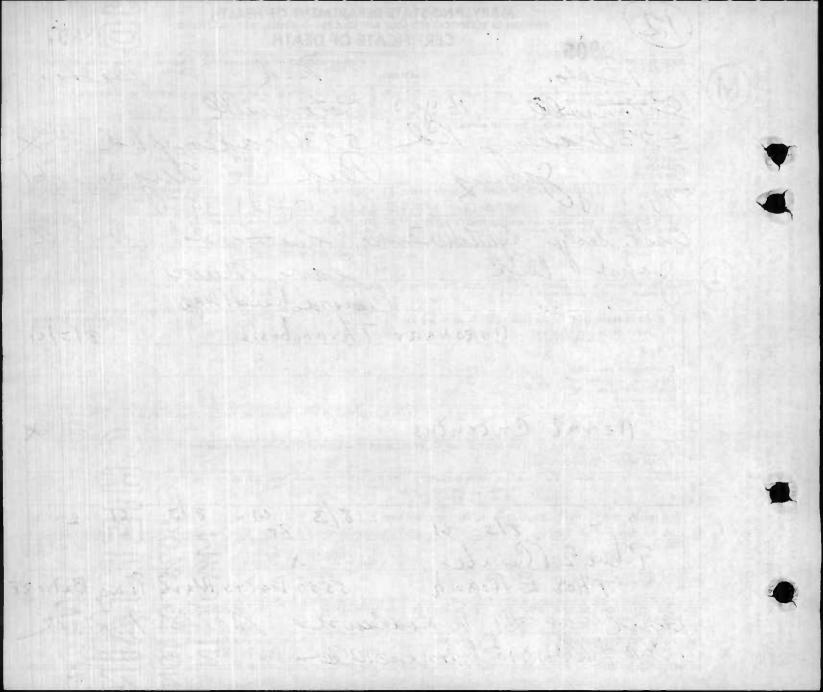
Fine Company of the State of th A PART CONTRACTOR AND A STATE OF THE PART Process of the same of the same and the same The said of the sa And the first three to the control of the control o The property of the state of th

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

enne bivision	CERTIFICA	TE OF DEATH	I, MARTLAND	08897
1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where dec	ceased lived. If institution: Resi b. COUNTY	denge before admission)
b. CITY OR TOWN (If outside corporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporate limits, write RURAL a	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give	, /	d. STREET ADDRESS 523 aca	lance 1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle Middle	Reid 4. D.	EATH aug	, 3, Poy Year 6/
M, W. W	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH Que, 17, 192	last birthday) Mantl	DER 1 YEAR IF UNDER 24 HRS. hs Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane daying mast of warking life, even if retired)	105. KIND OF BUSINESS OR INDU	00) ocatt	ign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME & Reice	el	MOTHER'S MAIDEN NAME	nuir	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES		Genera Rei	d (Wif Address	
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate couse (o), stating the under- lying cause lost. (c)	CORONARY	Throm bosis	\$	INTERVAL SETWEEN ONSET AND DEATH
	RESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
Hour a.m.		ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	(City or town)	(Caunty) (State)
21. I certify that (I) (this haspital) a saw the deceased alive an	~/	8/3 1961, death accurred at 8 P.M., fi		
220. SIGNATURE LINE 2 Cu	nale	M.D. ATTENDING MED. DIRECTO		22b. DATE SIGNED
NAME (Type) Thos E	Konch	5550 1326	TO Nan ? [
23a. BURIAL, CREMATION, 23b. DATE THEREOF	of words	wor /	LOCATION (City, town, or coun	Signature (State)
24. FUNERAL DIRECTOR'S SIGNATURE	SADDRESS SALES	2So. REC'D BY R	10.4	8. Krana



after death. Page 4

paper

please any

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crematian,

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prior detoched far

by the puo

has been signed

ertificate the burial,

AL DIRECTOR:

SD

attending physician. buriol-transit

CO

pup carbon

event, within 72 hours

8905 PLACE OF DEATH

Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) ranklintown

d. NAME OF HOSPITAL (If not in hospital, give street address)

MARYLAND c. LENGTH OF STAY IN 16

2. USUAL RESIDENCE Where deceased lived. If institution: Residence before admission) o. STATE Md.

b. COUNTY Balto.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Dundalk

d. STREET ADDRESS

129 Bayside Dr.

IS RESIDENCE ON A FARM? YES NO

NAME OF	Fire	st	Middle		Lost	4. DATE	Mon	th	Da	у .	Yeor	
(Type or print)	Mary	T.	Re	neker	Maria a	OF DEATH	Aug.		7,		19	61
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH		9. AGE (In years		RIYEAR	IF UND	ER 24	HRS
F.	W.	WIDOWED #	DIVORCED	June	17,188	4	last birthday) 77 yrs.	Months	Days	Hours	٨	Min.

10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of warking life, even if retired) William Key Housekeeper

Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

OR INSTITUTION

James Carey

5331 Dogwood Rd.

14. MOTHER'S MAIDEN NAME Angeline

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Box 168

		U a IVIU a
1B. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carcinovatosis of Brain was Inc	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if ony, which (b)	Primary Carcinoma of Colon	1/2 yrs
gove rise to immediate couse (a), stating the under-lying couse last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES NO

CERTIFICATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.)

20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year Hour o. m. Not while of work ot work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (State)

196/ , that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred 1234M, from the causes and on the date stated above saw the deceased plive an 22a. SIGNATURE 22b, DATE

M.D.

22c. PHYSICIAN'S

Miller,

ATTENDING PHYS. MED.
DIRECTOR STAFF PHYS. 22d. ADDRES

Ingleside Ave, Balto 28, Md.

SIGNED

23b. DATE THEREOF 23a, BURIAL, CREMATION.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (Stote)

Burial 24. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

.D. 4101 Edmondson Ave, Balto. 29, Madoute

Balto Md ... 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR

Circling S. Krous

poge 3 should be the State Boord of TO FUNERA VR A15 (4) 15M 9/\$9



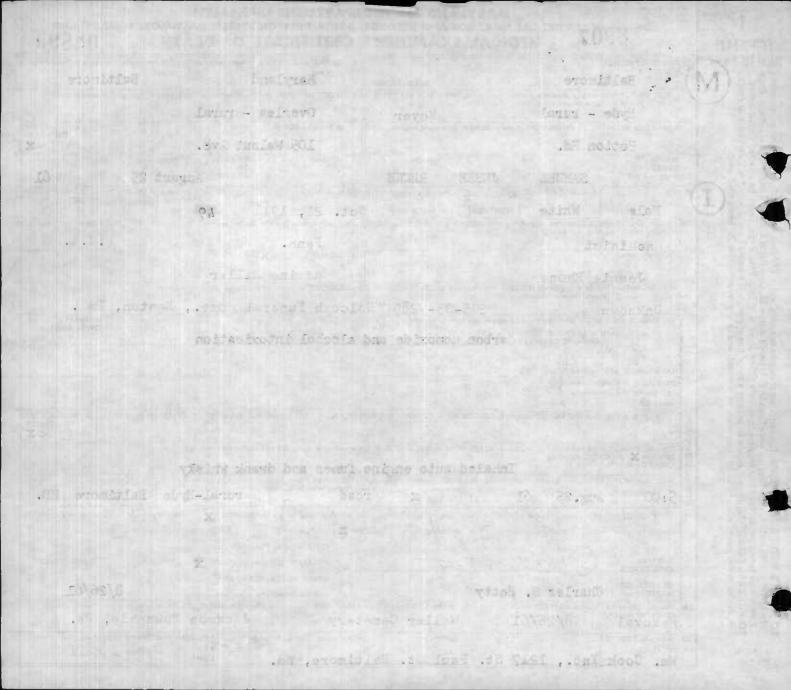
Logins. . to object the course Land THE REAL PROPERTY OF THE PARTY Jist Shell molified to reach abus riel ediford . N. college Committee and the leading the latest and the latest a Witches and of the contract of

FOR STATE TO DA COLY MEDICAL E. MINER. This certificate should be executed within 24 hours after seath. If an delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the liveral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated pagent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH () 889;

Y.	PLACE OF DEATH					2. USUAL RESIDENCE	CE (Where decea	sad lived, If i	nstitution: Rasi	danca befora	admission)
1)		lmore			LAND	o. STATE Maryla	nd	b. COUN	Balt	Lmore	
Y		give nearest town)	ts,	c. LENGTH OF ST.		c. CITY OR TOWN (I	f outsida corporat	_	RURAL and g	va neerest to	wn)
_		- rural		Neve			a - Pura	<u> </u>		1 10	0000000000
	d. NAME OF HOSPITA	AL OK INSTITUTION (it not in hosp	oital, give streal add	ress)	d. STREET ADDRESS					RESIDENCE
		om Rd.					Inut Ave			YES [NO
3.	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Month		ey Ye	er
1	(Typa or print)	SAMUEL	JES				DEATH	August			61
) S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED B.	DATE OF BIRTH		GE (In years st birthday)	Months De		R 24 HRS.
4	Male	White	WIDOWED	DIVORCE	D C	ct. 21, 191		yrs.	Months De	ys Hours	Min.
	e. USUAL OCCUPATION			ND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (State	or foreign country	5	12. CITIZE	N OF WHAT	COUNTRY
	Machini					Penn.			U	.S.A.	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME		-		
	T2	Dhana				Adline	Miller				
	. WAS DECEASED EVE			SOCIAL SECURITY N	10. 17. II		TITTEL	Address			
(Y	es, no, or unkown) (If)	yesgive weror detesofs		07 700	77 -	3 P	Ham-	7	. +	Do -	
=	Unknown	EATH (Enter only one		05-03-728		lcomb Funer	ral nome	, De	nton,	Pa =	ETW/FFN
	DART I DEATH	WAS CALISED BY								ONSET AND	
	1/	MMEDIATE CAUSE (a)	Carbo	n monoxid	e and	alcohol int	oxicatio	n			
	77-	DUE TO									
	Conditions, if any,	which (b)									
	geve rise to immadia										
	(a), steting the un	derlying									
	causa last.) (c)					111 01001100				
0 Z	PART II. OTHER	SIGNIFICANT CONDI	HONS CON	IKIBUTING TO DEA	H BUT NO	RELATED TO THE TERMIN	NAL DISEASE CON	ADITION GIVE	:N IN PART 1(ORMED?
SAT	Carlo Carlo									YES	NO To
CERTIFICATION	208. EXTERNAL CAL	USE WAS 2	Ob. DESCRIE	BE HOW INJURY OF	CCURED. (Er	ter natura of injury in Part	I or Part II of Itar	m 18.)			
S	PRIMARY TO OF CONCAUSE OF DEATH.	AIKIBOTING []	Tnhe1	ed suto e	noina	fumes and d	wank whi	aller			
A	20c, TIME OF INJUR	Y Month, Day, Ye		NJURY OCCURRED	20a. PLAC	F OF INJURY (Homa, ferm	. ' 20f. (City or	town)	(County)	(Stata)
MEDICAL	5:00 s.m.	Aug. 25 6	While et work	Not While at work	facto	ry, street, office bldg., etc.	rural	-Hyde	Baltin	nore !	MD.
-	71111				bove, hel	d an Autopsy ,	Inspection T	, Inquir	/ [], 8	nd in my	opinion
	death resulted fr	om: Natural ca	auses ,	Accident -	, Suicio	de 🗶 , Homicide	, Undet	ermined m	anner 🗍		
	- FEET -	01				CHIEF MEDICAL E	XAMINER		_		
	ACTUAL	1)/01	9, 0	1 att		ASSISTANT MEDI		7		DATE SI	GNED
	SIGNATURE	Liver	ردی	ett		M.D.					
	EXAMINER'S NAME (Type)	Charles S.				DEPUTY MEDICAL Address (Street, c	_	nty)	8/	26/61	
22	BURIAL, CREMATION			22c. NAME OF CE			22d. LOCATION				ete)
	Removal (Specify)	8/26/6	1	Waller	Ceme	tery	Jacks	on Tow	nship,	Pa.	
23	. FUNERAL DIRECTOR			ADDRESS		24a. REC	DAY REGISTRAR	1	STRAR'S SIGN		
	Wm. Cook	Inc., 121	7 St.	Paul St	Bal	timore DAVid.	10 0 2	(Irthun L.	France.	
-											



15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Ren. Dist. No.

19 6

(State)

(State)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 60 Montgom 1, e. IS RESIDENCE ON A FARM? YES NO Yeor

9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY

Stephens (HowardCd

Mr. Seawood Richardson-5500 Race Rd.

INTERVAL BETWEEN ONSET AND DEATH TO Davs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NO MA

(County)

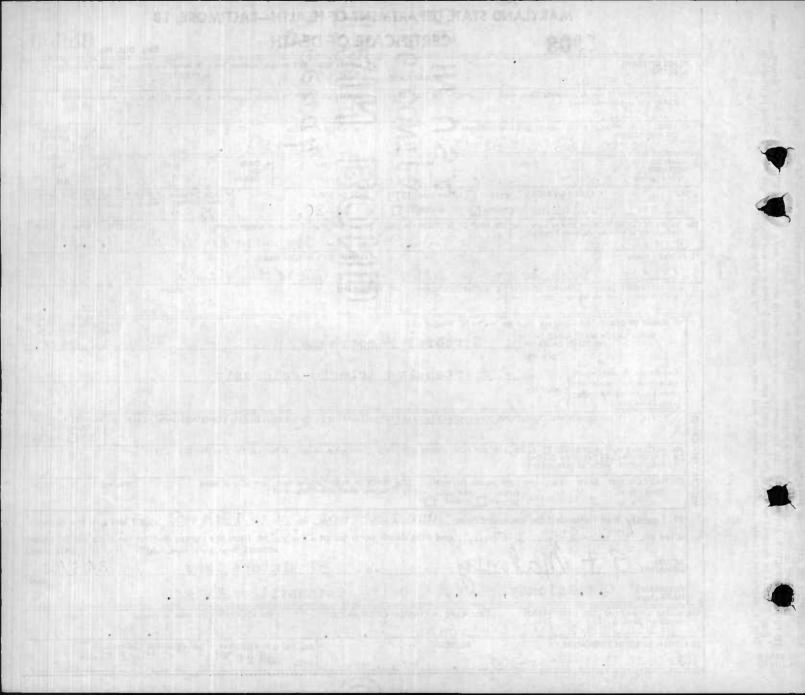
21. I certify that I attended the deceased from June 12th, 1961, to Aug. 19th, 1961, that I last saw the deceased ___, and that death accurred at 3.10PM, from the causes and an the date stated above

ADDRESS (Street, city or town, stote) DATE SIGNED

Catonsville 28. Md.

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE



MA

PEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

pinous	1	0303	, , , , , , , , , , , , , , , , , , ,
	-	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
<u>-</u> :		a. county Baltimore Maryland	a. STATE Md. Baltimore
ath.		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 18	
hours after death		write RURAL and give nearest town)	
1er		Reisterstown	Reisterstown
O		d. NAME OF HOSPITAL OR INSTITUTION (if nof in hospifal, give streat address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
בַּב		Glen Falls Road	Glen Falls Road YES NOTE
Ĕ		3. NAME OF First Middle	Last 4. DATE Month Day Year
n 72 hou		(Type or print) George Clarence	Rimbey OF August 25, 1961
Ē		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE-In years IF UNDER 1 YEAR IF UNDER 24 HRS.
}		Male White WIDOWED DIVORCED	Feb. 21.1876 lasf birthday) Months Days Hours Min.
event,		10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUS	
		dona during most of working life, even if retired)	II. SIKITI CACE (COUNTY & SIGNE, OF TOTAL COUNTY)
any		Retired Farmer	Maryland USA
5		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2/	T	Nunton M. Rimbey	Unknown Freshoure
1.	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
OVa		(Yas, no, or unkown) (Ifyasgiva warordatas of sarvica) 217-01-7026 M1	r. Raymond Rimbey Reisterstown, Md.
E		18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).)	INTERVAL BETWEEN
7		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
u'		IMMEDIATE CAUSE(a)	page of the say
9		DUE TO	Decompensating 1
cremation		Conditions, if any, which (b)	musica The
		gava rise to immediate cause (a), stating the underlying DUE TO	I hu.
ē		causa last.	oderne ps
Dur		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0	1	OIL	PERFORMED?
prior	0	208. ACCIDENT WAS UNDERLYING □ 206. DESCRIBE-HOW INJURY OCCUR	EED. (Entar natura of injury in Part I or Part II of item 18.)
=		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH OF CAUSE OF	LEGISTRE METAL OF MICH. 101 MONTH OF MO
Heall		20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. P Whila Not Whila at work at work	
5		Hour a.m. 19 Whila Not Whila at work at work	actory, straet, office bidg., etc.)
-			1-31-41 8-25 16/11/01/01
2		21. I certify that (I) (this hospital) attended the deceased from	1 1
מים בים בים בים בים בים בים בים בים בים ב		saw the deceased alive on	at death occured at
5	1	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
2	- 1	DAM I MILEY	M.D. PHYS. DIRECTOR PHYS.
		22cd PHYSICIAN'S	22d. ADDRESS / +
,	100	MAME (Type) JAMES B. Offell	Keisters lown My
De Illea will all		238. SURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (Sista)
3	Λ	Burial (Spacify) Aug. 28, 1961 Mt. Gileac	d Cemetery Baltimore Co. Md.
	AN	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
()	14/1	J. F. Eline & Sons Reisterstown, Md.	DATE SEP 1 '67
	10 11		DATE OF CHILD

ly filled in by the funeral PLNG PHYSICIAN: The law requires that the death certified by the hospital or attending physician.

After this certificate has been signed by the attending physicial TO H PITAL OR ATTER deal Page 4 may be rel TO FUNERAL DIRECTO

15M

2023 TOTAL MET TOTAL THE RESIDENCE OF THE PROPERTY OF THE PROPERTY OF to be distributed and the second of the seco All and the poly the property on the

within 24 hours after Filled in by the funeral Pages 1 and 2 should TO HO! TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Let A may be retain by the hospital or attending physician.

From FUNERAL DIRECTOR: Affect this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

M	ARYLAND STATE DEPARTMENT OF HEALTH	
	ESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	ORE 1, MARYLAND (18902
8910	CERTIFICATE OF DEATH	00306
TROP OF DERTH	II 2 IICITE PECIDENCE (Where deceased lived	If institution, Desidence before admir

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before edmission)
e. COUNTY Baltimore MARYLAND	a. STATE Md b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
write RURAL and give neerest town)	V T
lowson	10wson
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
1313 Westellen Rd.	1 1313 Westeller Rd. YES NO NO
3. NAME OF First Middle	Lest 4. DATE Month Day Year
(Type or print)	Rinehart OF DEATH 8 24 19 61
Jaa may	8. DATE OF BIRTH 9. AGE (In yeers F UNDER 1 YEAR IF UNDER 24 HRS.
7. MARKIED NEVER MARKIED	lest birthdey) Months Deys Hours Min.
temale white WIDOWED \ DIVORCED □	4-8-188/ /4 yrs.
No. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
housewite	Maryland
13. FATHER'S NAME O	14. MOTHER' MAIDEN NAME
111:11: Branch	Charlatta Cildantana.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	(harlotte Gildenterny
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	
	rs Helen M. (hrist same
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	thromboers. 5 Minute
TO DUE TO	
C - I'm	rules of all disease. Our 1958
Conditions, if eny, which gava rise to immediate cause	Janes 100
(a), steting the underlying DUE TO	
ceuse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
E	YES NO I
	ED. (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	LACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (Stata)
	ectory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	n. 1958 to 1961, that (I) (we) last
A / 1	at death occured at 7.AM, from the causes and on the date stated above.
22e. SIGNATURE	22b. DATE
Manal d Albuman	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S I	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
NAME (Type)HATOLD H. BUTNS.	alol Harlas Rd. H
1007014 11.000770	8100 May 200 N45#
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
burial (Specify) 8-28-61 Parkwood	Cemetery Baltimore, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Se. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Harford Rd.	DATE AUG 2 8 '61
Leonard Jo Mack Joj Mary orde Mas	DATE AUG 2 8 61 Cothur S. Thurs

SH231 1 0108 . All the second of the THE STATE OF COMMENTS OF THE STATE OF Catharan War Carameter Cally the die there we will be the second in the second 10 23 0 8/25/8 March & Hill Street Harold H. Burns. \$100 Harfart 89 # - v-07 - Very some company of the contract of Leanard J. Prove 3505 (122 acres lat. Leanard 1888)

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) a. COUNTY b. COUNTY ALTIMORE by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) rs. Pages 1 a hours after o 15 MONTHS BALTIMORE COCKEYSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? LANE HOME BIDDISON MIASONIC 5218 YES NO NAME OF DATE DECEASED CLAIRE (Type or print) PRICE ROBINSON DEATH 19 6/ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. at birthdey) WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician done during most of working life, even if retired) MARYLAND U-S. HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ e attending p H. PRICE JAMES MARY ZIMMERMAN pue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or dates of service) ng physician. NO NONE 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Terio Acheste Cardio Varente Deserie DUE TO Conditions, if env. which has been geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO [use CERTIFIC 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) مَ مَ 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 1961, to 8-7, 1941, that (I) (we) last DIRECTOR saw the deceased alive on 7.......19.4., and that death occurred at 2.56.M, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE 8-6/ SIGNED ATTENDING PHYS. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) WALTER T. KEES COCKEYSUILLE, MY 23d. LOCATION (City, town or county 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery BURIAL (Specify) Baltimore, Md D ig & 8-10-61 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm. Cook, Inc., 1217 St. Paul Street DATE AUG 9 arilar S. Thomas 15M 9/60

Harsayors - London Marker Marker Marker Land MANUAL WILLIAM STATES OF THE WAR It can be been been been the second THE WALL BURNEY STATE OF THE PARTY OF THE PA Service 2 16 on Loudon Park Common Service Co. Service . . . Jest's ford. to TISI , . SKI, dood. ski

bon papers. Pages 1 and 2 should within 72 hours after death.

within 24 hours after

death, TAL OR ATTENDONG PHYSICIAN: The law requires that the death certificated all the rage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please remove a befiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	3912		CERTIFICATE	OF DEATH			(18	304
PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where de			ce before edmission
	Baltimore		MARYLAND	a. STATE Mary	land	b. COUNT	Balt	cimore
b. CITY OR TOWN (if or write RURAL end give Middle	ve neerest town)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo		RURAL end give	neerest town)
d. NAME OF HOSPITAL	OR INSTITUTION	f not in hos	spital, give street eddress)	d. STREET ADDRESS				e. IS RESIDENC
				# 2 Locu	st Driv	e #2	20	YES NO
. NAME OF DECEASED	First		Middle	Lest	4. DATE OF	Month	Dey	Yeer
(Type or print)	Laura		Anna	Sacks	DEATH	Augus	st 25	19 61
. SEX 6	COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In yeers		
Female	White	WIDOWE	DIVORCED	June 26, 1	.874	87 yrs.	Months Days	Hours Min.
Da. USUAL OCCUPATION one during most of working			IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & Stete, or f	oreign country)	12. CITIZEN C	F WHAT COUNTE
Housewi				Baltimor	e, Mary	land	U.	S. A.
. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
		Rus	h	Unkr	nown			
. WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMANT		Address		
Yes, no, or unkown) (Ifye:	sgive werordetes ors	ervice)	Nane	Mr. William	H Sack	e #2 T.C	cust Gr	ine Rd.
	TH [Enter only one	cause per	tine for (e), (b), end (c).]	III . WILLIAM	II. Dack	0 // 5 20	IN	TERVAL BETWEEN
PART I. DEATH W			inculator	y tailum	0,		10	SET AND DEATH
IMA	MEDIATE CAUSE (e)							2007
4-2	DUE TO	Cax	ubrel vasc	ulas Al	cide	u.t		27 day
Conditions, if eny, a	1-7.	CO	Corror Totale	accor just		•		2 / 007
(e), steting the under	PILLE TO	de	Feriosclerotic	coraco-	vaicu	Cour	*	Flaks
PART II. OTHER SI	GNIFICANT CONDI		THE UTE , CA	TONIC	INAL DISEASE C	CONDITION GIVE	N IN PART 1(e)	PERFORMED?
PART II. OTHER SI 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY MI	CAUSE OF DEATH	20b. DES	SOUBE HOW INJURY OCCURED	O. (Enter neture of injury in	Pert I or Pert II	of item 18.)		
20c. TIME OF INJURY	Month, Dey, Ye	er 20d.		ACE OF INJURY (Home, far		or town)	(County)	(State)
20c. TIME OF INJURY Hour e.m.	**	While et wo	O THOU AN ILLIA	tory, street, office bldg., et	c.)			
p.m.	19			1. W/ 29	10/01	QUARCE.	23 10/1	1 . (1) (-> 1
			ded the deceased from:		7 A.	d-		that (I) (we) I
	alive on.	June		death occured at	A.F.EM, from	ine causes a	ind on the d	are stated abo
222 SIGNATURE	C. Ha	MM	aun ,	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		8-26-6
22c. PHYSICIAN'S NAME (Type)	EUGENE	C.	BAUHANN	HI3 EAS	TERN	AVE, E	MITIMO	REZIN
e. BURIAL, CREMATION	I, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, low	n or county)	(Stele)
REMOVAL (Specify)	8/28/67		Woodlawn (ometerr	Th.	oodlawn.	Maryla	nd
Burial # SUNERANDIRECTOR'S			ADDRESS			RAR 25b. REG		
n/.00	100	:/2	. 11 Ra	to 17 Whate	294	64		
/ Mulam	- VIM	n	entour -ac	MATUATE			willing & of	teach

FOR STATE. HEALTH DEPT.

ih. Har, Play is necessary, of the the twenty end director. Page the retained for your files.

IO DE OTY MEDICAL EX LINER: This certificate should be executed within 24 hours after the please execute the certificate, witting the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours that

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8913 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

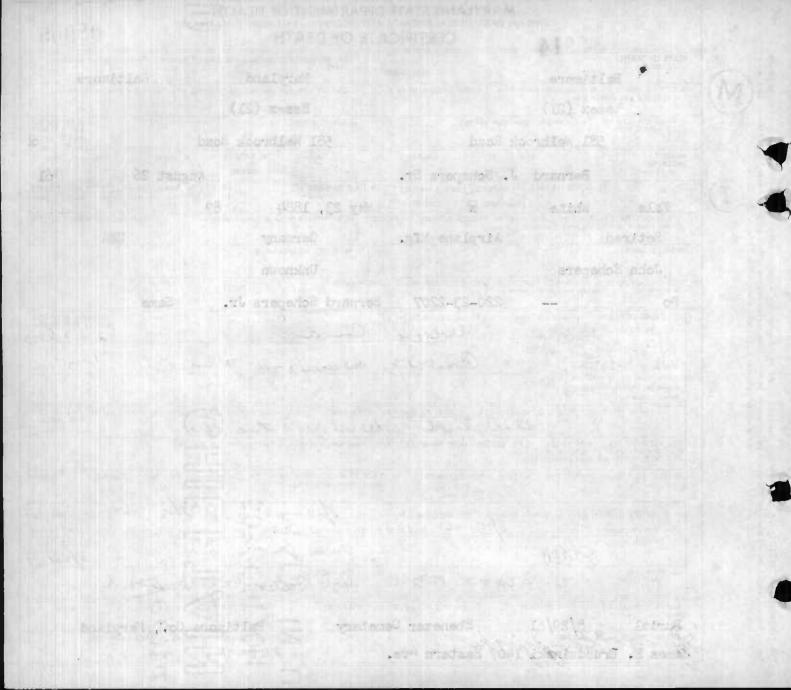
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ROUTE 30, Reisterstown Box 546 Ciales First Middle Last 4. DATE OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED DIVORCED 10. USUAL OCCUPATION (Give hird of work doine during most of working life, even if reifred) 10. USUAL OCCUPATION (Give hird of work doine during most of working life, even if reifred) 11. FATHER'S NAME 12. CHIZEN OF WHAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyselyveweroradeseofservice) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (ed.) PART I. DEATH WAS CAUSE (a) DUE TO Conditions, if any, which pay rise to immediate cause (e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PER MARY ID or CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PREMARY ID or CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PER MARY ID or CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PER MARY ID or CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PER MARY ID or CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PER MARY ID or CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION (e) 19. WAS PER MARY ID or CONTRIBUTION (e) 19.	iwn)
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10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country) 11c. CITIZEN OF WHATE done during most of working life, even if retired and decreased was thrown and the state of the remains described above, held an Autopsy Inspection X.	Min.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iffyas givewer or dates of service) 18. CAUSE OF DRATE [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (e) Fracture of base of skull DUE TO Conditions, if eny, which gave rise to immediate cause [a], stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PER YES PRIMARY ID OF CONTRIBUTING CAUSE WAS PER YES 20a. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PER YES 20a. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of Item 18.) Driver of auto which overturned and deceased was thrown fectory, street, office bidgs, etc.) Roll of Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING COURRED COURSED. (20. PLACE OF INJURY (Hones, farm.) 201. (City or town) (County) While Not While Foctory, street, office bidgs, etc.) 10. 150 p.m. 8/20/1961 (County) And in my death resulted from: Natural causes Accident X. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACCIDENT. 20. ASSISTANT MEDICAL EXAMINER DATE BY ACCIDENT MEDICAL EXAMINER DATE BY ACCIDENT MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CH	COUNTRYP
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	GNED
DEPUTY MEDICAL EXAMINER 8/21/6	1
NAME (Typa) Russell S. Fisher, M.D. Address (Street, city, town, or county)	
22s. BURIAL-CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (S REMOVAD (Spacify) 2 i 6 c 6/ V O MA MOST STATE 12db. REGISTRAR 1 24b. REGI	ate)
trom City Morgal DATE 8 161 Chilms S. Kins	

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deoth certificate be executed within 24	itending physician and comp. (1) filled please remaye carbon papers. Pages 1 nony event, within 72 hours ofter death.	
TO HOSPITAL OR ATTENDING SHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be fined by the hospital attending physician.	TO FUNERAL DIRECTOR: After in Certificote has been signed by the otherdring physician and compared. Poges 1 ond 2 should be filled with the Stote Board of Health prior ta buriol, cremation, ar removal, and in any event, within 72 hours ofter death.	
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C		FAL (If not in hospitol, 581 Wellbro	•			d. STREET AT	DDRESS	orook	Road				FARM?
	IAME OF DECEASED Type or print)		rst	cheper	Middle Sr.	Last		4. DATE OF DEATH	Augus.		De	•	Yeor 19 61
5. S	Male	6. COLOR OR RACE		ED NEVER		8. DATE OF SIRTH	1884		9. AGE (In years lost birthdoy) 87 yrs.		R 1 YEAR Doys	Hours	Min.
10a.	USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	d) (b	CIND OF BUSI	101		CE (Stote		country)	12.CI	USA	FWHATC	OUNTRY
13.	FATHER'S NAME			4		14. MOTHER'S	MAIDEN	NAME					
	John S	chepers				U	nknov	wn					
15. Yes	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. S	SOCIAL SECUR	ITY NO. 17. I	NFORMANT	5700		Add	ress			
	No			0-23-2	207 I	Bernard S	chepe	ers Jr	. S	RIDO			
		ATH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (e for (o), (b),	ond (c).]	Coma	_					ERVAL BE SET AND	
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L CERTIF	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW IN	JURY OCCURRE	D. (Enter noture of	injury in	Port I or Po	rt II of item 18.)				
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	saw the decea	at (1) (this haspite sed alive an	il) attend	pm p 1		/		<u>.6 /</u> , .ta <u>.</u> }:M, fram	the causes ar				dabove
	22a. SIGNATURE	Statt				M.D. ATTENDING		NED.	STAFF PHYS.	813		8/2	SIGNE
	22c. PHYSICIAN'S NAME (Type)	J. (3 LA-	TT. P	1 D:	22d. ADDRE		tem a	ine En	aly h	rd.		
23a	BURIAL, CREMATIC REMOVAL (Specify	8/29/61	OF		of CEMETERY C				ATION (City, town,			(Sto	(e)
24	FUNERAL DIRECTOR	STUZDZINSKI	21407	Easter Easter				D BY REGIS	TRAR 25b. REG	STRAR'S S	SIGNATL	JRE	
4		1 8								-2007	A. Tida	D)	



FOR STATE HEALTH DEPT. TO DE CY MEDICAL EX INER: This certificate should be executed within 24 hours after 6th. If a cleav is necessary, please execute the certificate, adding the word "pending" in pencil in Item 18. Give Pages 1, 2, 3, 3 to their deal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 rhay be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlah-transit permit. File-page, and 2 with the State Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death. 090 VS. A15ME

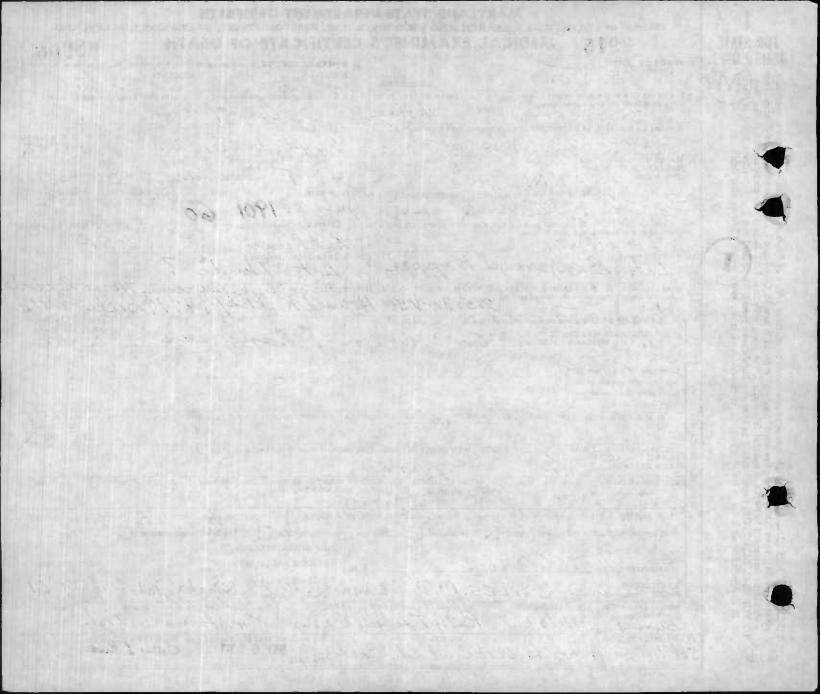
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0915 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1163118
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Raside	inca befora edmission)
a. COUNTY BILLO. b. COUNTY B	12/2
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give	L 75
write RUBAL and give nearest town)	s nearast town;
Carrista Halaya X Ballo. 7	
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS	a. IS RESIDENCE
Folleigh morsing House 6649. Dalton Donoe	YES NO
3. NAME OF DECEASED Airst Middle Last 4. DATE Month De	y Year
(Type or print) FANNIF SCHIFF DEATH WHO	1 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR	
7 lassbirthday Months Days	Hours Min.
The widowed Divorced 100 30,1401 60 13.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or reign country) 12. CITIZEN	OF WHAT COUNTRY?
Frusing Lethuania US	A
13. FATHER'S NAME	
1 sty Benjamin Roppel 1 ste Hende	
	Park
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT of leigh My armong Horizon (Yas, no, or unkown) ((Ifyasgivawarordatasofservica))	ne record
no - 213-34-1050 Howard K. Dehlaff, 4747 Bell	le routh
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PAKI I. DEATH WAS CAUSED 81:	ONSET AND DEATH
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DUE TO	V
Conditions, if any, which (b)	
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(a), stating the undarrying	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [18]	PERFORMED?
	YES NO
20s. EXTERNAL CAUSE WAS 20s. DESCRIBE HOW INJURY OCCUREO. (Enter natura of injury in Part I or Part II of itam 18.)	
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stata)
factors street office bldg atc.)	(31018)
Hour a.m. While Not While at work at work at work	
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and	d in my opinion
death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
CHIEF MEDICAL EXAMINER	
SIGNATURE 2.2. COLLEGE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S D. D. CAPLES, M.D. GHANDAGERS Street, City, Town of country own, Md. Care	93161
22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(Stata)
Buriel 91.161 Beth Tfiloh Cong. Bultimore, Mr.	d.
23. FUNERAL DIRECTOR ADDRESS 240. REGISTRAR 24b. REGISTRAR'S SIGNA'	TIRE
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Sol Cerenson & Bros., 6010 Keist. Rd., Falto 15 DATE	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH (1890)

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dacaasad livad, If institution: Rasidanca before admission)
a. COUNTY Baltimore MARYLAND	a. STATE b. COUNTY Bakingson
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN It outside corporete limits, write RURAL and give nearest town)
writa RURAL and giva naarast town)	Edanappo
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS O. 15 RESIDENCE
1111 0 2 0	146 02 X AVENUE YES TO NO IT
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print)	OF
	200tt
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
Female Coloned WIDOWED DIVORCED	8-20-1881 79 yrs.
done during most of working life, evan if ratired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Domestic Athone	Prince Edward Co. Va. 21,5, A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Pennin	Ella Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (Ifyas give war or datas of service)	INFORMANT Address
NO NONE LE	a V. Jeffens 12/8 N. SpningSti
18. CAUSE OF DEATH [Enter only one causa per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY	insufficency 10A4
DUE TO	
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gava rise to immadiete causa	
(a), stating the underlying DUE TO Age	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Part I or Part II of item 18.)
E 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING ☐ CAUSE OF DEATH OR CONTRIBUTING ☐ CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER	S. (Enter hande of high) in 1911 of 1911 of 1911 of
	ACE OF INJURY (Home, ferm, 201, (City or town) (County) (State)
Hour a.m. While Not While	ctory, street, office bldg., atc.)
21. I certify that (I) (this hospital) attended the deceased from	JAN 1957 to 8/12 196/ that (1) (wo) last
	t death occured at 2 M, from the causes and on the date stated above
saw the deceased alive on	22b. DATE
	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
VZc. MYSICIAN'S	22d. ADDRESS
NAME (Typa) JH JOHER IN M	10 1640 CAROLINE SL
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
REMOVAL (Spacify)	EMPLONY FANNYILLA VO.
24-JUNERAL DIRECTOR'S SIGNATURE ADDRESS	260, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
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X	d by	RECT	be d	ior t
10 HONGING ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be ained by the haspite of attending physician.	TO FUNE I DRECTOR: After Learlift cate has been signed by the attending physician and came lely filled. A by the funeral director.	ould	the registror prior to buriol, cremation, or removal, and in any event within 72 hours after death.
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VS A15 (4) 15M 10/57

1, PLACE O o. COUN b. CITY RURAI Ca d. NAME OR IN Cato

(Type or 5. SEX Male 10a. USUAL Car B 13. FATHER

15. WAS DE VO3 18. CA

0017	AENT OF HEALTH—BALTIMORE, 18 Reg. Dist. N.	. 118942
PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence bet o. STATE b. COUNTY	ore admission?
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give no Baltimore	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Jaton Ridge Nursing Home	d. STREET ADDRESS 4614 Reisterstown Road	e, IS RESIDENCE ON A FARM? YES NOTE
NAME OF DECEASED (Type or print) Arthur W. H.	Schultz 4. DATE Month Cof DEATH August 22	Poy Year
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Feb. 11, 1874 9. AGE (In years lift UNDER I YEA lost birthdoy) 87 yrs. Months Days	R IF UNDER 24 HRS. Hours Min.
o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) P. & O. R.R.	Visconsin U.S.	of What Country?
FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown	
es, no, or unknown) (If yes, give wor or dates of service)	INFORMANT Address Mrs.M.V.Bright 4614 Reisterst	own Rd.
		TERVAL BETWEEN
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	Insufficiency	7
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	F NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County	() (State)

CERTIFICATION 20a. AC OR CON (IF EITHI MEDICAL

20c. TIM Hour o.m. factory, street, office bldg., etc.) While Not while of work p. m.

m. 18, 1961, to any 22, 1961, that I last saw the deceased, and that death accurred at 6, 200, from the causes and on the date stated above. 21. I certify that I attended the deceased from alive on ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE

RATLIFF, 3R. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

REMOVAL (Specify)
Burial 8-25-1961 Balto. National ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE

Baltimore. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE (Stote)

C. Vernon Lemmon 4611 Park Heights Ave., DATE AUG 25'61

NTAGE 30 STAGE INTEREST.	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

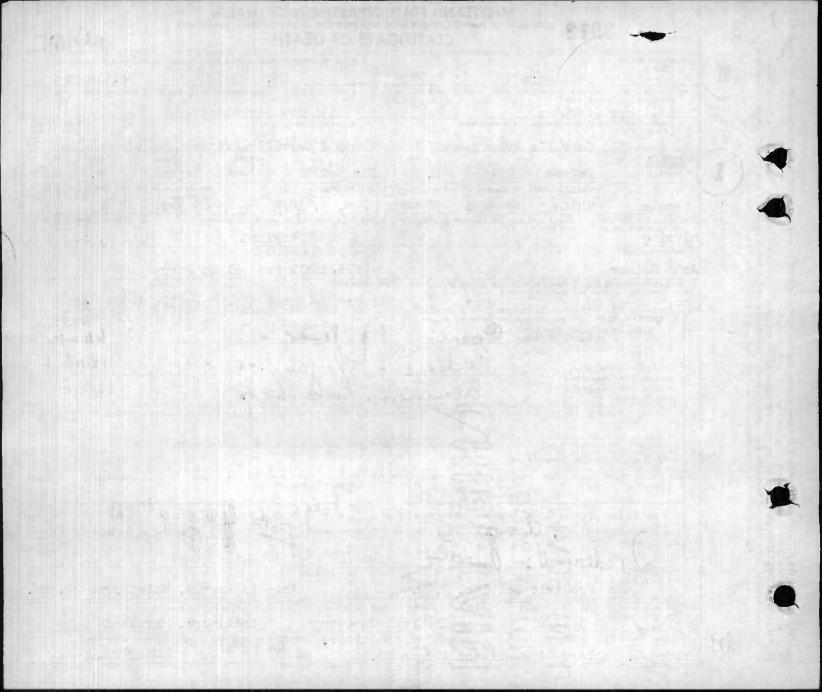
		CERTIFICA	ALE OF DEATH		11	84449
1. PLACE OF DEATH a. COUNTY	timore	MARYLAND	o. STATE	Where deceased lived. If it b. CO		
b. CITY OR TOWN (If autside ca	rporate limits, write	c. LENGTH OF STAY IN 1b	+	f outside corporate limits, v		
RURAL ond give nearest town) Baltimore (Arbi	. \		X Baltimore			
d. NAME OF HOSPITAL (IF not is		ddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	ville Avenu			ille Avenue		YES NO NO
R. NAME OF DECEASED (Type or print) Hele	First ena	Middle D.	XXX Sewell	4. DATE OF DEATH Au	month Do gust 9,	
S. SEX 6. COLOR	OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	years IF UNDER 1 YEAR	
female whit	te WIDOWE	DIVORCED [Feb. 4, 187	2 lost birth	Months Doys	Hours Min.
100. USUAL OCCUPATION (Give kinduring mast of working life, even	nd of work done 10b. K	CIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Sto	te or fareign cauntry)	12. CITIZEN OF	WHAT COUNTRY?
nursing			Mar	yland	U. S.	A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
John Heiner			XXXXXXXXX	Fredericka Ma	arrs	
IS. WAS DECEASED EVER IN U. S. A	ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT		Address	
no	no	ne Ma	rguerite Hub	er 5552 Carv	ille Avenue	#27
1B. CAUSE OF DEATH [Enter		e for (o), (b), and (c).]	. 0 ~		INTE	RVAL BETWEEN
IMMEDIAT	E CAUSE (o)	COT COUNTY	1 lever	-	6	become
Conditions, if ony, which	DUE TO (b)	Cochexic.	. Ocho Jaen	dies -	12	eorth +
gave rise to immediate couse (a), stating the <u>underlying couse lost.</u>	DUE TO	Sibalonere	s Rockers	1	fè	des
PART II. OTHER SIGNIFI 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	CANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONDITIC	ON GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO
	OF DEATH	RIBE HOW INJURY OCCURR	ED. (Enter noture af injury i	n Port I or Port II of item 1	(B.)	
20c. TIME OF INJURY Month, Hour a.m. p.m.	Doy, Year 20d. IN While of work	Nat while fe	LACE OF INJURY (Home, for octory, street, office bldg.,	rm, 20f. (City ar town)	(Caunty)	(State)
21. I certify that (I) (this	haspital) attende		-	2. 6. 10 1 Jung	91, 19 bl, th	at (I) (we) last
saw the deceased alive	an W 1998	3 _ 19_6/ and that	death accurred at 3	O.M. from the cous	es and an the date	
220. SIGNATURE	~ J. 19:	Je Pler	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Fre	deric Beitl	er, M. D.	22d. ADDRESS	ancis Avenue	, Halethorpe	27, Md.
	ATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town, or county)	(Stote)
Burial (Specify) 8/3	12/61	Loudon Park	Cemetery		, Maryland	
24. FUNERAL DIRECTOR'S SIGNATU	RE	ADDRESS Ba		C'D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATUR	RE
Howard H. Hubbard	d 4107 Wilk	cens Avenue Mo	1. DATE	UG 1 4 '67	Citing S. Kran	A

D FUNERAL DIRECTOR: After⁷/₇₄K certificate has been signed by the attending physician and page 3 shauld be detached for use as the burial-transit permit. Then please remave carban the State Baard of Health prior to burial, cremation, ar remaval, and in any event within 72 h attending physician. TO HOS L OR ATTENDING may be ained by the hasping TO FUNERAL DIRECTOR: After TO HOS VR A15 (4) 1SM 9/59

by the funeral directar, d 2 shauld be filed with

Pages

and in any event within 72 haurs after Then please remave carban pape



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CERTIFICATE OF DEATH

(18910

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RUBAt and give nearest town) soll d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 4. DATE OF DEATH NAME OF Day Year DECEASED SHANAHAN (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Months Days Hours DIVORCED | WIDOWED A 01 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? PATHERY NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NFORMANT INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AMD DEATH PART 1. DEATH WAS CAUSED BY: DUE TO lung with petersine Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, affice bldg., etc.) a. m. While Not while at wark at wark p. m. 21. I certify that (1) (this hospital) attended the deceased fram , that (1) (we) last , and that death accurred at PM, from the causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE Darum aun SIGNED ATTENDING PHYS. STAFF PHYS. MED. 22d. ADDRESS 22c. PHYSICIAN'S EC. BAUMANN NAME (Type) 23d. LOCATION (City, town, procounty) BURIAL CREMAJION. 23 JAME OF CEMETERY OR CREMATORY (State) EMOVAL (Specify) FLINERAL DISECTORS SIGNATURE 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Chilhun S. Minas

physici emave ng please attendi the þ permit. gned I-transit peen an, crematic burial ng. certificate Affer DIRECTOR: should FUNE 10

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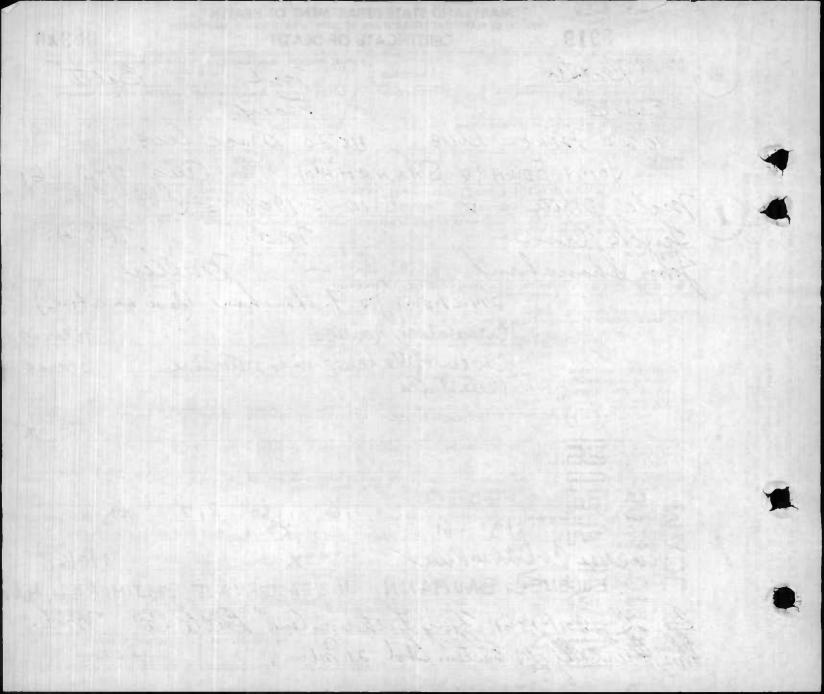
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6		MARYLAND S	TATE DEPARTM	ENT OF HEALTH-	BALTIMORE, 1	8	
9		8920	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	08911
	1. !	PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institution b. COUNTY	2	odmission)
		b. CITY OR TOWN (If outside corporate limits, write NRAL and give neorest town)	LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside X DUNDAL		URAL and give neare	sl town)
X		d. NAME OF HOSPITAL (If not in hospital, give street of ORINSTITUTION ROADSHIP RO	dress)	62 BROAD	DSHIP		IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) LAWRENCE L	EO SH	EARER 4.	DATE OF AUC.	91	Yeor 1961
	S.	SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		B. DATE OF BIRTH APRIL 3: 1887	9. AGE (In years lost birthday) 79 yrs.	Months Doys	Hours Min.
	100	b. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPUCE (Stole or to	oreign country)	12. CITIZEN OF	WHAT COUNTRY
	13.	FATHER'S NAME WM. SHEAREI	2	MARY A	KRAUS		
1)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC 15. no or unknown) [If yes, give wor or dates of service]		nformant 185, WM, J. L	LONG. A.	5 #2 M	BOVE
		18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).]	ROTIC CARDION	/ASEULAR	DISEASE	VAL BETWEEN
		422 DUE TO					
		gove rise to immediate couse (a), stating the under: lying couse lost. (b) DUE TO					
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIV		WAS AUTOPSY PERFORMED? YES NO
	CERTIFIC	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	I or Port II of item 18.)		1
	MEDICAL	Hour o. m. While	URY OCCURRED 20e. PL Not while fo	ACE OF INJURY (Home, farm, 2 ctory, street, office bldg., etc.)	Of. (City or town)	(County)	(State)
		21. I certify that I attended the deceased	from NOV.	, 1955, to 21 occurred at 246 AN	AUG., 1961	,that I last sov	v the deceose
		ACTUAL Marris Par	ness		DRESS (Street, city or town, EASTERN)		DATE SIGNE
1		PHYSICIAN'S MORRIS R	AINESS	A.D. ESSEX	(21, M	D ,	
	220	BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY C	E MANDON VINE 1	LOCATION (City, town,	PEEK -	(Stote)
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS OF SHELLOW	240. DETECT AND DATE		STRAR'S SIGNATURE	
	1	Kennal lb (b) ()	end-	TED!			

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ND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Page is necessary. ALTIMORE MARYLAND files. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) director. write RURAL and give nearest town) your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) NOALK Board d. STREET ADDRESS for 6805 retained ne State B NAME OF DECEASED the (Typa or print) DEATH with AGE (In years | IF UNDER 1 YEAR MARRIED NEVER MARRIED may and 2 w last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, aven if ratirad) Pages TENNSYLVANIA 14. MOTHER'S MAIDEN NAME pages 1 P.M.3. 13. FATHER'S NAME 18. Give form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Dermit. (Yas, no, or unkown) | (If yes giva war or dates of service) Office along with any NO certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per ne for (a), (b), and (c).] burial-transit PART I. DEATH WAS CAUSED BY. and IMMEDIATE CAUSE (a) in pencil DUE TO removal Conditions, if eny, which gava rise to immediata causa "pending" Examiner's (DUE TO (a), stating the underlying 0 cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION the word ' Pe plnods 20b. DESCRIBE HOW IN URY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS e forwarded to the Chief MediaL DIRECTOR: Page 3 should be control to burial, co PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief A 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) factory, straet, offica bldg., atc.) While Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry L Inspection 1 Natural causes 1, Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Addrass (Straat, city, town, or county) 22a. BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country its REMOVAL (Spacify) GARDENS OF F 0 BALTIMORE 40 23. FUNERAL DIRECTOR REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 24a.

. IS RESIDENCE

YES NO

1961

IF UNDER 24 HRS.

13

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED?

NO

(Stata)

DATE SIGNED

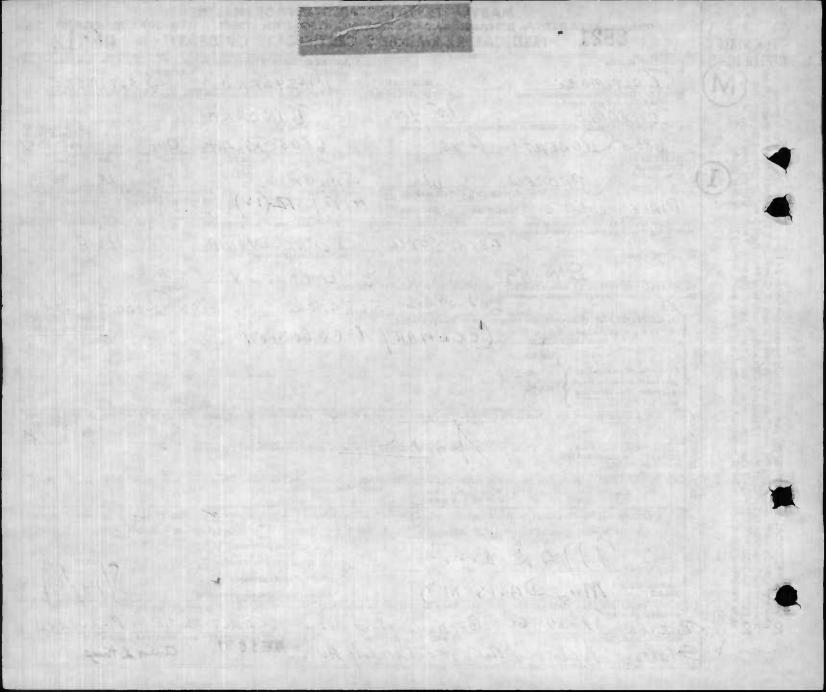
Days

(County)

Months

ON A FARM?

VS. AISME 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (15913)

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Whe			nce before admission)
Baltimore	MARYLAND	a. STATE Marylan	d b. coun		more
b. CITY OR TOWN (if outside corporate limi write RURAL and give nearest town) Monkton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsida Monkton	corporate limits, write	RURAL and give	nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS			a. IS RESIDENCE
Shepperd Road	d.	/ Shepper	d Road		YES NO
3. NAME OF First DECEASED (Type or print) JOE		Last 4. DA'		n Day	Year 1961
306		B. DATE OF BIRTH	9. AGE (In years	I IF UNDER 1 YEAR	
W M	WIDOWED DIVORCED	Oct. 12, 1877	83 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retire Farming		RY 11. BIRTHPLACE (County & State	e, or foreign country)	12. CITIZEN	OF WHAT COUNTRY!
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Francis Morris	son Sparks	Julia Rema:	re		
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unkown) (Ifyesgivewerordetesofs	RCES? 16. SOCIAL SECURITY NO. 17.		Address		
18. CAUSE OF DEATH [Enter only one		Pauline P. Spa:	rks	Same	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO	Hypertension	mbosis			
Ceuse last. PART II. OTHER SIGNIFICANT CONDI PART III. OTHER SIGNIFICANT CONDI 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING UNDERLYING UNDER	TIONS CONTRIBUTING TO DEATH BUT N	TOSIS OT RELATED TO THE TERMINAL DISE	ASE CONDITION GIV	'EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO
	2Db. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Part I or F	Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Ye Hour a.m. p.m. 19		ACE OF INJURY (Home, farm, 20f, tory, street, office bldg., etc.)	(City or town)	(County)	(Stata)
21. I certify that (I) (this hospi					
22a. SIGNATURE 22c. PHYSICIAN'S	France	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF PHYS.		22b. DATE SIGNEE
NAME (Type)	nce	Parkton	Md		
23a. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)			LOCATION (City, to		(Stata)
Burial 8-1-6	ADDRESS	25a, REC'D BY R	egistrar 25b. Rec	GISTRAR'S SIGN	ATURE
H.W. Jenkins & Sons	s 00.4905 York Re	d.,12 DATUG 4 '	OI Cin	1 8. 16 was	4

completely filled in by the funeral on papers. Pages 1 and 2 should within 24 hours after TO H. ITAL OR ATTER TAG PHYSICIAN: The law requires that the death certification of execution within 2.

S TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 & be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

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TO H. PITAL OR ATTER 2016 PHYSICIAN: The law requires that the death certificants executive within 24 hours after death age 4 may be rely do the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8923 CERTIFICATE OF DEATH (18914

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Monkton Life	Monkton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS a. IS RESIDENCE
Channand Bood	Shepperd Road YES NO NO
Shepperd Road 3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print)	OF A
111011116	17/1/2 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF B"OTH 9. AGE (In years T UNDER 1 YEAR IF UNDER 24 HRS. Last birthday Months Days Hours Min.
P WIDOWED DIVORCED	6-29-1871 Pays Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if retired) Housewife Own Home	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Brooke Pleasants	Elizabeth Jenkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	len Troy Hayden Washington, D.C.
1B. CAUSE OF DEATH [Enter only one causa per lina for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Carcinomatoris ONSET AND DEATH
	co anomerous
DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause (a), stating the underlying DUE TO	
causa last. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY
OF The state of th	PERFORMED?
<u>\[\] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	YES NO
20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter natura of injury in Part I or Part II of itam 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm, † 20f. (City or town) (County) (Stata)
	ory, straat, offica bldg., atc.)
p.m. 19 at work at work	A 1 11 0 1 11
21. I certify that (I) (this hospital) attended the deceased from	1961, to llug & 1961, that (1) (we) last
saw the deceased alive on	death occured at M, from the causes and on the date stated above
22a. SIGNATURE	22b. DATE
a. m. 7 sauce -M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. SIGNED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typo) A.M. FRANCE	PDRY+11 8/9/11
	1 /1 /1 / ON Pla 1/16)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
Burial 8-11-61 St. Johns	Balto Co. (Hyde P.O.) Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
H.W. Jenkins & Sons CO. 4905 York R	d.Baltonie Aug 10'61

in quita East STANSHAR THE ROLL OF SHEET AND SOUTH AS THE STATE OF H. Conting to Some CD. 1905 For Store and a sentimet. N. H.

TO VALUE OF THE STATE OF THE ST MURIE BANKING H-100 1 100 1 100 1 de la constitución de la constit Besting I actual HERMORE TO PETER THE STATE OF THE PROPERTY OF THE PETER The man as the same as the sam THE THE STATE OF T Barons Land Company and the contract Court and Land Company and Company

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
8925	CERTIFICATE OF DEATH	0891

	_		1
1		I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before	dmission)
M)	a. COUNTY BALTO. MARYLAND B. STATE MD. b. COUNTY	
Y 1	-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest tow	vn)
		write RURAL and giva nearast fown)	-4
	-	ESSEX I WELL BALTO. 31	551053105
	0		A FARM?
	X		NO
		3. NAME OF First Middle Lest 4. DATE Month Dey Yee DECEASED	1
			61
	5.	5. SEX 6. COLOR OR RACE 7 MADDIED ALEVED MADDIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER	
	FA	The Market Months Deys Hours	Min.
	10e	DIVORCED HUGG, 26 1990 70 yrs. 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	COLINTRY
- 39	do	done during most of working life, even if retired)	COOMINI
		TICKET MOR. THEATER MD. USA	
	13.	13. FATHER'S NAME	
-)		THOMAS SIMS NOT KNOWN	
-/		Addiess Total In C.S. Annie Tokels: 10, Social Seconti 140, 17, 1181 Ontal 141	
	110	(Yes, no of unkown) (Ifyesgive wer or dates of service) 214-22-3838 CHARLES STICHEL 3345. ROBIN	SON
		18. CAUSE OF DEATH [Entar only one ceuse per line for (e), (b), and (c).]	TWEEN
		PART I. DEATH WAS CAUSED BY: LYMPHO SAREDMA OF RT. INGUINAL ONSET AND	DEATH
94			
97		Conditions, if any, which I IN METASTASIS TO SPLEEN LUNG 4-10	-6.1
		Conditions, if eny, which (b) WITH METASTASIS TO SPLEEN LUNG 4-10	10
		(a), stating the underlying DUE TO	
		ceuse lest. (c) AND BRAIN	
	NO	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS	AUTOPSY DRMED?
79	ITV:	EXCISION OF MASS AT S.B.GH. 7-21-61.	NO N
0	IIFIC	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)	
	CERT	OR CONTRIBUTING () CAUSE OF TRATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
м	CAL		(State)
	MEDIC	Hour a.m. ANE 19 While of work	(/
	ME	p.m. 19 et work 4 et work	
		21. I certify that (I) (this hospital) attended the deceased from 1	(we) last
		saw the deceased alive on	d above.
		228. SIGNATHRE 221	DATE SIGNED
		228. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. ATTENDING MED. PHYS. OF THE PHYS. ATTENDING MED. PHYS. OF THE	SIGNED
1		22c. PHYSICIAN'S 22d. ADDRESS	141.0
-		NAME (TYPO) & A. SCHIMUNERMD. 842 S. EAST AVE BALTO, 24	140.
	238	DEMOVAL (Secretary	tate)
	K	BURIAL AUG.5, 61 OAK LAWN BALTO. CO. M.	2.
	24	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	100
	4	S.W. Hollmann 3218 HUPSON ST. DATE AUG 4 '61 Cithun S. Kuma	
96	10	Je 190 Marie 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

TO HOSPI OR ATTENDIN SHYSICIAN: The law requires that the death certificate be a standard of hours after the death. Part a may be retained, the hospital or attending physician.

S TO FUNERAL DIRECTOR: Also his certificate has been signed by the attending physician and suppletely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

HE DERIN (M) ELLE OF LAST (M) 555EX 1 21900 FALTO 201 BEEFFE ME ("FRE METS IN STATE NEW STATES ANNE MAN STICHEL MUCE IS LEVE FEMALE MATE PROBLEMS 26 16/0 PER THE RET LIBER THERESENSE WITH THE REST WAS A SHEET WAS THOMAS SMISS NOT KNOWN 214-22-8838 CHARLES STUDE 334 DIRECTION THE PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE TOTAL STATE LAND AND AND THE BURGAL ALGER BY CAR LAWN BALTER CE IND Edward Berger Stranger

director,

TO HOSP

VR A15 (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

8925

08917

1. PLACE OF DEATH G. COUNTY	Baltimore		MARYLAN		- CTATE	Md.	here deceased	b. COUNTY E	: Residence be Baltimo:	fore admission) re
b. CITY OR TOWN (RURAL and give no Baltimo	If outside corporate limit earest town) re	s, write c. L	ENGTH OF STAY IN	Ь	e. CITY OR T		outside corpor	ote limits, write RUI	RAL ond give n	nearest town)
d. NAME OF HOSPI	TAL (If not in hospital, gi	ive street oddre	ess)	1	d. STREET A	DDRESS	16-5			e. IS RESIDENCE ON A FARM?
52	32 Arbutus	Avenue			5232	Arbut	us Ave	nue		YES NO K
3. NAME OF DECEASED (Type or print)	Willi	t	Middle Henry	Sti	er, Sr		4. DATE OF DEATH	Month August		1961 ₁₉
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [8. D	ATE OF BIRTH	1	1	P. AGE (In years		AR IF UNDER 24 HRS
male	white	WIDOWED [DIVORCED [J	an.30	, 18	75	lest birthdoy)	Months Doy:	s Hours Min.
during most of wor	ON (Give kind af wark d king life, even if retired)			IDUSTRY			or foreign co	untry)		OF WHAT COUNTRY
B & O R.	K.	FO	reman	1.	Mary		14445		U.	S. A.
13. FATHER'S NAME	044			·	4. MOTHER'S					
William		creally soc	AL SECURITY NO. IS	7. INFO		r. J	amart	Addre	**	
(Yes, no, ar unknown)	R IN U. S. ARMED FORG (If yes, give wor or dates of se	rvice)				C+	E000			# TR #27
no	_	non		Bert	ha W.	Stier	3232	Arbutus		
	ATH [Enter anly ane car ATH WAS CAUSED 8Y:	use per line fa		^	79-1				0	NTERVAL BETWEEN
PART I. DEA	IMMEDIATE CAUSE (a)	0	en40	NO	con	1	À			
450.0) DUE TO	19	6	0	2/		. France	oseler	000	
Conditions, if a	(0)		esseva	100	The same of the sa	OUN	66.16	058147	0303	
cause (a), stating		1								
lying couse lost.) (c)			0117.110	- Del 1700 To		Diegos	SOLIDITION OUT	14 10 10 10 14	TAG WAS ALITORSY
PART II. OTI	HER SIGNIFICANT CONI	OITIONS CONT	RIBUTING TO DEATH	8UI NO	OI KELATED TO	THETEKM	IINAL DISEASE	CONDITION GIVE	N IN PART 1(0	PERFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	IRRED. (E	nter noture o	f injury in	Port I or Port	II of item 18.)		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yeo	20d. INJUR While at work	Not while		OF INJURY (I			or town)	(Coun	ty) (Stote
	at (I) (this haspital							Cary 31		that (I) (we) las
	sed alive an ac	reg 2/	19_6/, and the	at dea	th accurred	d at Q	M, fram	he causes and	d an the do	
22a. SIGNATURE	tanky 1	Porke	egal	M.D	ATTENDING	G M	NED.	STAFF PHYS.		22b. DATE SIGNEI
22c. PHYSICIAN'S NAME (Type)	Stanley Ar	ıku d as,	м. D.		22d. ADDRE 180		Baltim	ore Stree	et	
23a. 8URIAL, CREMATIO	0N, 23b. DATE THEREO		st. John's					ON (City, town, or		(Stote)
24. FUNERAL DIRECTOR			ADDRESS				D BY REGIST	04	TRAR'S SIGNA	
Howard H.	Hubbard 410	7 Wilk	ens Avenue	#29		DATE	MG 25	a	rthur S. F.	trace

and the second of the second o HALL DIRECTAL CONTOUR STORE SOLDER TO ADDRESS TO Accept the figure of the first the first term of

TO HOSE LEAR ATTENDY PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

27	Q5 Item	24 Fi]	CERTIFICAT	E OF DEAT	H &	lc s 23-9/18	3/61	118012
1. PLACE OF DEATH				CTATE		F CO11		idence before admission
Ta It	imore		MARYLAND	e. STATE Ma	rylan	d B. COO	NIT.	
b. CITY OR TOWN (if	outside corporete limit give neerest town)	rs, c.	LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside	corporete limits, writ	RURAL end g	ive neerest town)
Catons	A 400 MM	27274	5 days	Baltimo	re		3	V01-4
	AL OR INSTITUTION (I	f not in hospitel,		d. STREET ADDRE			~	e. IS RESIDENCE
SPRING GR	OVE STATE	HOSPIT	PAT	1624 Li	aht S	twoot		YES NO
3. NAME OF	First	HOSEL	Middle	lest	4. DA		h	Dey Yeer
(Type or print)	Uorra	200	Tubus	Chalana	OF DE	ATH And	rust	24 19 61
5. SEX	6. COLOR OR RACE		John	Stokes B. DATE OF BIRTH		9. AGE (in yeers		
				A 12 0	7.000	last birthdey)		
male 100. USUAL OCCUPATION	white	WIDOWED X		April 7,		1 58 yrs.	10 CITIZE	THE OF WHAT COUNTRY
done during most of wor			OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (C	ounty & Stet	e, or foreign country	12. CITIZE	N OF WHAT COUNTRY
mainten	ance	res	staurant	Marylan			U.	S. A.
13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME			
	Stokes			Bertha	Letta	1		
15. WAS DECEASED EVE (Yes, no, or unkown) (If-			IAL SECURITY NO. 17.	INFORMANT		Addres		
Natl. Guard			-Pikesvll.	Records: S	PRING	GROVE S	TATE H	HOP ITAL
18. CAUSE OF DI	ATH [Enter only one	ceuse per line fo	or (a), (b), end (c).)			1		INTERVAL BETWEEN
	WAS CAUSED BY:	mey	mosia -	entere p	ughi	Llung		few days
11199	2 V DUE TO	0	/					0
Conditions, if eny,		Lear	t sail	ure				7
geve rise to immedie	te ceuse		0					
(e), steting the un	derlying DUE TO	atria		ton & myo	card	is Clan	ge !	long stand
PART II. OTHER	SIGNIFICANT CONDIT	TIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISE	ASE CONDITION GIV	EN IN PART 1	PERFORMED?
5 ce	culus	- Keys	jug					YES NO
PART II. OTHER 200. ACCIDENT WA OR CONTRIBUTING I	CAUSE OF DEATH	20b. DESCRIBI	E HOW INJURY OCCURE	D. (Enter neture of injury	in Pert I or I	Pert II of item 18.)		
20c. TIME OF INJUR	Y Month, Day, Yee			ACE OF INJURY (Home, I		(City or town)	(County	(Stete)
Hour e.m.	19	While et work	1101 111110	clory, street, office blog.,	1			
Print.	at Air (this hosnit	al) attended	the deceased from	Aug. 19	1967	to aug. 2	4 106	/ that (I) (we) la
			19.6.(, and tha					date stated abov
22e. SIGNATURE	Stella	11)0	achster	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	8-25	-61 22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Stella Wa	achsler,	M. D.	22d. ADDRESS	SPRING	0200 1,23		HOSPITAL
23e. BURIAL, CREMATIC	N, 236. DATE THER	EOF 23	. NAME OF CEMETERY	OR CREMATORY	23d.	LOCATION (City, 10	wn or county)	(Stete)
REMOVAL (Specify)	Aug. 31,1		reen Mount			altimore,		and
24 FUNERAL DIRECTOR	10		ADDRESS			EGISTRAR 25b. RE		
		22 Ligh	t St. Balto		AUG 2	0 104	arthur &	
	- m	77011	O DO . DELLE	- PAGE DATE			Towns 1	/caus

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1tem 2	M1 100 G295 9/	21/61 iwk				
1. PLACE OF DEATH e. COUNTY				CE (Where deceased lived, If institut	tion: Residence before edmission)		
Bal	timore	MARYLAND	8. STATE B. COUNTY				
	outside corporate timits,	c. LENGTH OF STAY IN 16		f outside corporate limits, write RURA	AL and give nearest town)		
Fort Howa	_	6 days	Baltimo	ra	3001-4		
	AL OR INSTITUTION (if not in he		d. STREET ADDRESS	16	Sts IS RESIDENCE		
Veterans	Administration	n Hospital	Mayfair Hote	el, Mt. Royal & C	harles YES NO NO		
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Month OF	Dey Year		
(Type or print)	HERBERT		SWEETLAND	DEATH August 29	19 61		
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers IF UN last birthdey)			
Male	White wow	ED DIVORCED	December 20,		ths Days Hours Min.		
10a. USUAL OCCUPATIO	ON (Give kind of work 10b.	KIND OF BUSINESS OR INDUST			. CITIZEN OF WHAT COUNTRY		
dona during most of work		ristata (Naha	Christian T	77:	TT CL A		
Purchasing 13. FATHER'S NAME	wagene LI	rivate Clubs	Chicago, I	LLINOIS	U.S.A.		
			14. MOTHER S MAIDEN	NAME.			
Henry Swe	eetland		Cora Her	mert_			
15. WAS DECEASED EVER	R IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT Clini	cal Records, VAH	, 3900 Loch Rav		
Yes	WW 11 5	647-07-9837 Bl	vd. Baltimore	18, Md - FORT H	OWARD DIVISION		
18. CAUSE OF DE	ATH (Enter only one ceuse per	line tor (e), (b), end (c).]			INTERVAL BETWEEN		
	WAS CAUSED BY:	OCARDIAL INFAR	TON COM		ONSET AND DEATH		
1430"	AMEDIATE CAUSE (a)	OCHIMIATI TIMAIN	TTOM		l DAY		
1 20	DUE TO TH	ROMBOSIS OF RIC	CHT CORONARY	ARTERY			
Conditions, if eny,	1 1 1						
(e), stating the uni	DLU-IO-						
ceuse lest.		CERTATION OF O	DODUA DVNOVA T	PECTON	UNKNOWN		
PART II. OTHER		NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY		
	THE RESERVE				PERFORMED?		
O ACCIDENT WA	C LINDEDLYANG TO 1 201 DE	ESCRIBE HOW INJURY OCCURE	D /Ester solver at injury in 8	Post I as Dort II at Stars 10)	YES NO		
PART II. OTHER PART II. OTHER OR CONTRIBUTING [(IF EITHER, NOTIFY)	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURE	D. (Coller neture of injury in t	en for ran ii of flem 18.7			
20c. TIME OF INJUR	Y Month, Dey, Yeer 20d	. INJURY OCCURRED 2De. PL			(County) (State)		
Hour a.m.	Whi		tory, street, office bldg., etc.)			
Print		ork et work	A	/3	/3		
21. I certify th	at XI) (this hospital) atte	nded the deceased from.	August 23.5:	1961, 10August29,	, 19.01, that (IX (we) last		
saw the decease	d alive on August	.2919.61., and tha	t death occured at P.	M, from the causes and	on the date stated above.		
220. SIGNATURE			ATTENDING A	AED CTAEF	22b. DATE		
('(, 12 01	M'		AED. STAFF PHYS.	8/31/6		
22c. PHYSICIAN'S	e dun le	4/	22d. ADDRESS				
NAME (Type)	The second secon		VAH BATTT	MORE 18, MD., FT. HO	WARD DIVISION		
	STIAN RUSSO, M.	23c. NAME OF CEMETERY		23d. LOCATION (City, town or			
REMOVAL (Specify) Burial	N, 23b. DATE THEREOF				-0		
Burial	7-2-61		tional Cemete		28, Maryland		
24 FUNERAL DIRECTOR		ADDRESS		'D BY REGISTRAR 25b. REGISTRA			
m. Cook-Bligh	at.Inc6009 Ha	arford Rd., Balt	0.14, Md. DATE 3	P 5 '61 Orthu	7 S. Throng		

and pand things to be a few a greature of the error mediting of the business of es appear of the one party THE WALL TE SERVICE IN COURSE SALES AND ASSESSMENT OF STREET man and the state of the state As in its amount of the second -11 de most 502 MONEY VIEW ROSED, AT. OR. D. MICHAEL RAY . O. H. OREDE HATTELAND marian / 2-6 / Baltimoro Habitanet Campary Britisary 2-6 / E. Cook-Erit Mt. Too., 6009 Restord Md. (Balto. M. Mt. 197 5 '8)

VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0.5020 2020

I. PLACE OF DEA	TH						Let Pull
	Baltimore	MARYLAND	e. STATE Ma	rvland	b. COUNT		
b. CITY OR TOWN	N (if outside corporate limits,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN	(If outside corporala	limits, writa		
write RURAL	end give nearest town) Sville	9yr4mth2dys				122	4.2
	SPITAL OR INSTITUTION (if not in he		Havre deGr		land	125	. IS RESIDENCE
SPRING		SPITAL		rio Stree	+		ON A FARM?
3. NAME OF	First	Middle	Last	4. DATE	Month	Day	YES NO Year
DECEASED (Type or print)	Mary	E. T	hompson	OF DEATH	AUG	11	1961
5. SEX	6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED B	. DATE OF BIRTH 18	79 9. 40			IF UNDER 24 HRS.
female	white wnow	ED TO DIVORCED	Jan. 10, 18		yes.	Months Days	Hours Min.
10e. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & Stele, or forei	gn country)	12. CITIZEN OF	WHAT COUNTRY
houseiw		ETIRED	Maryland			U.S.	Δ
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	7.07		-52.0
	Joseph McVey		Josephin	e Tolling	or		
	EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.		0 -0111116	Address		
no, or unkown)	(If yes give wer or dates of service)	577-40-7564 Red	cords: SPRI	NG GROVE	STAT	יים אורים או	TAT
18. CAUSE OF	F DEATH [Enter only one couse per		Jordo. Driver	AG CITOATI	DIAI	INTE	RVAL BETWEEN
		ADIOVAS CUL	100 00	LAPSE		ONS	SET AND DEATH
441		Kblosmon	AN COL	~W36			
	DUE TO	0-012145	CA. 000 15 A.		00.0		
Conditions, if e		ertensive art		III CA	K 121 O A		
				THE CIT		114	
(a), steting tha	PULL TO LAKE	AR DISEAS		THE COPP		174	
	PULL TO LAKE			(10 0/		/~-	
(a), steting tha	PULL TO LAKE	AR DISEAS	re·				
(a), steting tha	underlying DUE TO (c)	AR DISEAS	re·			N IN PART 1(e) 19	, WAS AUTOPSY PERFORMED? ES NO
(a), steting that ceuse last. PART II. OT. 20e. ACCIDENT	HER SIGNIFICANT CONDITIONS CO	AR DISEAS	T RELATED TO THE TERMI	INAL DISEASE CON	DITION GIVE	N IN PART 1(e) 19	PERFORMED?
(a), steting that ceuse last. PART II. OT. PART II. OT. OF. CONTRIBUTII	HER SIGNIFICANT CONDITIONS CO	AR DW FA	T RELATED TO THE TERMI	INAL DISEASE CON	DITION GIVE	N IN PART 1(e) 19	PERFORMED?
(a), steling that couse last. PART II. OT. PART III. OT. OR CONTRIBUTION (IF EITHER, NOT.	Underlying DUE TO (c) HER SIGNIFICANT CONDITIONS CO WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	AR DW FA	T RELATED TO THE TERMI	INAL DISEASE CON	DITION GIVE	N IN PART 1(e) 19	PERFORMED?
(a), steling that couse last. PART II. OT. PART III. OT. OR CONTRIBUTION (IF EITHER, NOT.	HER SIGNIFICANT CONDITIONS CO WAS UNDERLYING 20b. DE NG CAUSE OF DEATH IFY MEDICAL EXAMINER) NJURY Month, Dey, Yeer 20d. Whi	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	INAL DISEASE CON Pert I or Part II of ii m, ; 20f. (City or t	DITION GIVE	N IN PART 1(e) 19	PERFORMED?
(a), steling that couse last. PART II. OT. 20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT IMEDIA) 20c. TIME OF IN Hour e.m. p.r.	WAS UNDERLYING OCH CANDITIONS CONDITIONS CON	ESCRIBE HOW INJURY OCCURED INJURY OCCURRED 200. PLA The Not While ork at work	OT RELATED TO THE TERMINAL (Enter nature of injury in ICE OF INJURY (Home, fer ory, street, office bldg., etc.)	Pert I or Part II of ii	DITION GIVE	(County)	PERFORMED? ES NO NO (State)
(a), steling that couse last. PART II. OT. 20e. ACCIDENT OP. CONTRIBUTII (IF EITHER, NOT.) 20c. TIME OF IN. Hour e.n. p.r. 21. certify	WAS UNDERLYING ODDITIONS CO WAS UNDERLYING O	ONTRIBUTING TO DEATH BUT NO SSCRIBE HOW INJURY OCCURED INJURY OCCURRED Not While feel ork at work not work n	OT RELATED TO THE TERMINAL (Enter nature of injury in CCE OF INJURY (Home, fer lory, street, office bldg., etc.)	Pert I or Part II of ii m, 20f. (City or to)	DITION GIVE	(County)	PERFORMED? ES NO (State)
(a), steling that couse last. PART II. OT. 20e. ACCIDENT OP. CONTRIBUTII (IF EITHER, NOT.) 20c. TIME OF IN. Hour e.n. p.r. 21. certify	WAS UNDERLYING OCH CANDITIONS CONDITIONS CON	ONTRIBUTING TO DEATH BUT NO SSCRIBE HOW INJURY OCCURED INJURY OCCURRED Not While feel ork at work not work n	OT RELATED TO THE TERMINAL (Enter nature of injury in CCE OF INJURY (Home, fer lory, street, office bldg., etc.)	Pert I or Part II of ii m, 20f. (City or to)	DITION GIVE	(County)	(State) (State) (State) (at (1) (we) lass the stated above
(a), steling that couse last. PART II. OT. 20e. ACCIDENT OP. CONTRIBUTII (IF EITHER, NOT.) 20c. TIME OF IN. Hour e.n. p.r. 21. certify	WAS UNDERLYING DOBUGED CONTINUES CON	ONTRIBUTING TO DEATH BUT NO ESCRIBE HOW INJURY OCCURED. INJURY OCCURRED 200. PLA feet ork at work 1961, and that	DT RELATED TO THE TERMI OF CE OF INJURY (Home, fer ory, street, office bldg., etc.) April 9	Pert I or Part II of it m, 20f. (City or te.) 19.52, to M, from the	DITION GIVE	(County)	(State) (State) (at (I) (we) laste stated above 22b. DATE
(a), steting that couse last. PART III. OT. 20e. ACCIDENT OP. CONTRIBUTIN (IF EITHER, NOT) 20c. TIME OF IN Hour e.m. p.r. 21. I certify saw the dece 22e. SIGNATUR	WAS UNDERLYING DOBUTIONS COLOR WAS UNDERLYING CAUSE OF DEATH IFY MEDICAL EXAMINER NULLY Month, Dey, Yeer M. 19 20b. DE White Color White	ONTRIBUTING TO DEATH BUT NO ESCRIBE HOW INJURY OCCURED. INJURY OCCURRED 200. PLA feet ork at work 1961, and that	OT RELATED TO THE TERMINAL CE OF INJURY (Home, fer lory, street, office bldg., etc.) April 9	Pert I or Part II of ii m, 20f. (City or to) 19.52, to MA, from the DIRECTOR P	own) Causes a	(County) (County) (County)	(State) (State) aat (I) (we) laste stated above 22b. DATE SIGNED
(a), steting that couse last. PART II. OT. 20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT.) 20c. TIME OF INHOUSE EACH OF SAW the dece 22e. SIGNATUR	WAS UNDERLYING ONDITIONS CO WAS UNDERLYING O	ONTRIBUTING TO DEATH BUT NO ESCRIBE HOW INJURY OCCURED. INJURY OCCURRED 200. PLA feet ork at work 1961, and that	OT RELATED TO THE TERMINAL CE OF INJURY (Home, fer lory, street, office bldg., etc.) April 9	m, 20f. (City or to.) 19.52, to MED. MED. SPRING G	own) Causes a TAFF HYS. D	(County) (County) (County) (County) (County) (County)	(State) (State) (State) (State) (State) (State) (State) (State) (State)
(a), steling the couse last. PART II. OT. 20e. ACCIDENT OP. CONTRIBUTION (IF EITHER, NOT.) 20e. TIME OF INHOUSE AND PART III. 21. certify saw the decorate of the course of the co	WAS UNDERLYING ONDITIONS CO WAS UNDERLYING O	SCRIBE HOW INJURY OCCURED INJURY OCCURRED 200. PLA fect ork at work at work at work at work and that	OT RELATED TO THE TERMINAL CE OF INJURY (Home, fer lory, street, office bldg., etc.) April 9	Pert I or Part II of ii m, 20f. (City or to) 19.52, to MA, from the DIRECTOR P	own) TAFF HYS. ROVE 1e 28,	(County) (County) (County) (County) (County) (County) (County)	(State) (State) (State) (State) (State) (State) (State) (State) (State)
(a), steling the couse last. PART II. OT. 20e. ACCIDENT OP. CONTRIBUTION (IF EITHER, NOT.) 20e. TIME OF INHOUSE AND PART III. 21. certify saw the decorate of the course of the co	WAS UNDERLYING OF DEATH IFY MEDICAL EXAMINER) White the the conditions condi	SCRIBE HOW INJURY OCCURED SCRIBE HOW INJURY OCCURED INJURY OCCURRED 200. PLA Ille Not While at work feel ork at work 4 Modern Mode	DT RELATED TO THE TERMINATION OF	Pert I or Part II of ii m, 20f. (City or to) 19.52, to 19.52, to MED. PRING G Catonsvil 23d. LOCATIO	own) TAFF HYS. ROVE 1e 28,	(County) (County) (County) (County) (County) (County) (County)	(State) (State) (State) (State) (State) (State) (State) (State)
(a), steling tha couse last. PART II. OT. 20e. ACCIDENT OP. CONTRIBUTII (IF EITHER, NOT.) 20c. TIME OF IN Hour e.m. p.r. 21. I certify saw the dece 22e. SIGNATUR 22c. PHYSICIAN NAME (T) 23a. BURIAL, CREM. PEMOVAL "(Special or control of the	WAS UNDERLYING OF DEATH IFY MEDICAL EXAMINER That (X (this hospital) attentions of the thick of	ONTRIBUTING TO DEATH BUT NO SSCRIBE HOW INJURY OCCURED INJURY OCCURRED Onto While feel of the at work in the deceased from the deceased	OT RELATED TO THE TERMINATION OF	Pert I or Part II of ii m, 20f. (City or to) 19.52, to 19.52, to MED. PRING G Catonsvil 23d. LOCATIO	own) TAFF HYS. ROVE 10 (City, tow	(County) (County) (County) (County) (County) (County) (County) (County) (County)	(State) (State)

HAUBER O. THE SECOND CONTRACTOR 1 67311ET CARLYOVISCHER COLLARS MINER TENSIVE METERIN CLEROTIC CHRISTINA BAB IN MASIN Businethe Hear Farance Hand Con Lucia The second force of the sever during

s after death. Page 4 by the funeral director, I 2 shauld be filed with within 24 y filled may be three by the haspital cartending physician.

O FUNEKAL DIRECTOR: After the certificate has been signed by the attending physicion and camper y fill page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Board af Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after deat "SICIAN: The law requires that the death certificate be executed hied by the haspital AAL DIRECTOR: After the

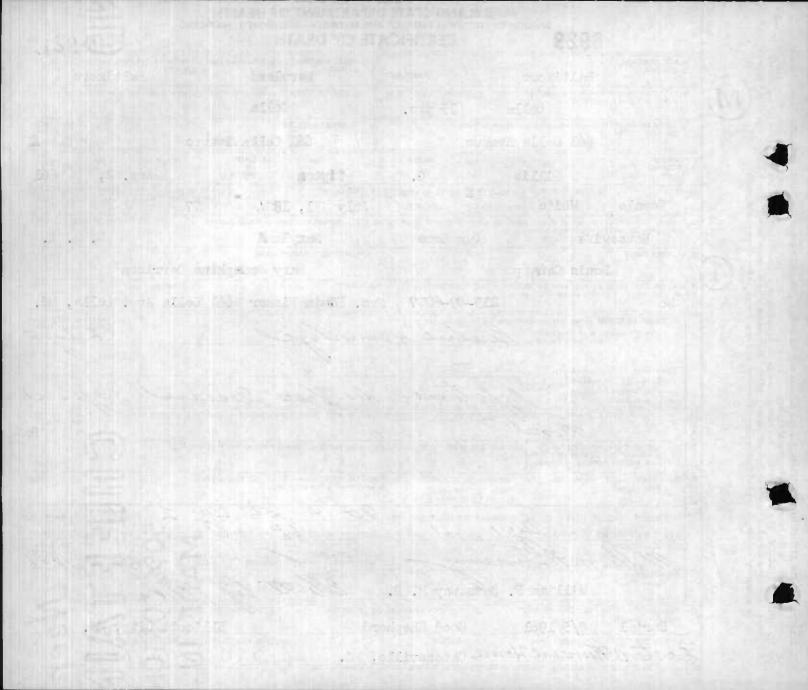
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 8929

1. PLACE OF DEATH a. COUNTY	5.514		1500-150		2. USUAL RESIDE	NCE (W	here decease	ed lived. If in b. COI					ssion)
	Baltimore		MARYL		M	aryl	and	5. 60	01411	Bal	time	ore	
b. CITY OR TOWN (If RURAL and give nec	rest town)	ts, write	c. LENGTH OF STAY II		E. CITY OR TO	,	outside corp	orate limits, w	rite RI	JRAL and	give nea	rest tow	n)
d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	1		d. STREET ADI	DRESS							SIDENCE
OR INSTITUTION	661 Oella	a Ave	nue		1 6	61 C	ella .	Avenue					A FARM?
3. NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF		Mon	th	Da	У	Year
(Type or print)	Lill:	ie	G.		Tipto	n	DEATH	W		Aug.	2,		1961
5. SEX	6. COLOR OR RACE	7. MARI	RIED X NEVER MARRIEL	D 🔲 B.	DATE OF BIRTH			9. AGE (In s	years	IF UNDER			1
Female	White	WIDOW	ED DIVORCED		July 31	. 18	84		yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLAC	E (State	ar foreign	country)		12. CITI	ZEN OF	WHAT	COUNTRY
Housev	vife	'	Own Home		Ma	ryla	nd				U.	S.	A.
13. FATHER'S NAME					14. MOTHER'S M	AIDEN I	NAME						
I	Louis Cana	go				Mary	Jose	phine (Gar	rison			
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	DRMANT				Addr	ess	= 11		
(Yes, no, or unknown) (1	f yes, give war or dates of s		13-09-6077	Mr	s. Edwin	Fis	her	661 Oe:	lla	Ave.	Oe]	lla,	Md.
			ne far (o), (b), and (c).]	//.	/		/					ET ANI	ETWEEN DEATH
43.4	H WAS CAUSED BY: IMMEDIATE CAUSE (c		recrar 1	100	nonna	re					C	a	ye
44	3 DUE TO	•	_		0						-	20	
Canditions, if an)									-		
cause (a), stating to		ANA	Entersie (Land	40-Va	ac.	De	sea	e	/	3	des	ess
PART II. OTHI	ER SIGNIFICANT CON	ibulons !	CONTRIBUTING TO DEA						N GIV	EN IN PAR	140)1	9. WAS	AUTOPSY ORMED?
2	Mone												NO
PART II. OTHI	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of i	njury in	Part I or Pa	rt II of item 1	8.)		577		
T 20c. TIME OF INJURY	Month, Day, Ye	ar 20d. I	NJURY OCCURRED :	20e. PLAC	E OF INJURY (He	me, farn	n, 20f. (Cit	y or town)		(1	County)	7.7	(State
20c. TIME OF INJURY Hour a. m.	19	While	Nat while	facto	ry, street, affice b	oldg., etc	c.)						
		_		. /	Urt 4		5%	Mus	7	206	1		
			ded the deceased f	fram.			56 to						(we) las
saw the decease	ed alive an	f.	19_6/, and	that de	ath accurred	00	.M, fram	the cause	es an	d an the	e date		
Mille a	m Fil	asso	may-	м	ATTENDING PHYS.	M	ED.	STAFF PHYS.)	Me	مرحو	2, 1	2b, DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	William	F. G	assaway M.	D.	22d. ADDRES	coto	The	7	27	L			
23a. BURIAL, CREMATION	N, 23b. DATE THEREC)F	23c. NAME OF CEME	TERY OR	CREMATORY		23d & CC	ATION (City, t	awn, d	or county)		(Sto	ate)
REMOVAL (Specify) Burial	8/5/1967		Good She	nher	7			Ellico			. Mc	. `	-
24. FUNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS		2	25a. REC	D BY REGIS			STRAR'S SI	_		
Easton	ternotal.	Hon	re Catonsvi	11e.	Md.	DATE AT	16 7 1	61	0.	Thun &	Kanes	A	



hay is necessary, teral director. Page ed for your files. retained for your be State Board death. TO DE! — "Y MEDICAL EX!" FNER: This certificate should be executed within 24 hours after h. If a please execute the certificate, within the word "pending" in pendi in Item 18. Give Pages 1, 2, and 5 to the 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refered FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the or its designated agant, prior to burial, cremation, or removal, and in any event within 72 hours after de

VS. A15ME

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8930 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

II 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

e. COUNTY	a. STATE b. COUNTY
Baltimore Marylan	THE TENTO
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give sireet addrass)	Sparrows Point (19) o. IS RESIDEN ON A FAR
510 D Street	510 D Street YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) ELTA MINNTE	TOWSON DEATH August 9th. 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
female white widowed X DIVORCED	June 3,1905 Set birthday Months Deys Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
Housewife	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Stevenson	Beatrice Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no, or unkown] [lifyesgivewerordetesofservice]	17. INFORMANT Address
no none	Mrs. Robert Barry same as #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: HS PHYX 14 11	ON DY DUTTING
977 UV DUE TO	1 0
Conditions, if eny, which to D Lastic by	AG OVER MEAD
gava rise to immediate cause	
(a), stating the undaritying	
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP:
OTAL STATE OF THE	PERFORMED YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF GEATH.	RED. (Enter naturally injury in Pert I of Part II of Italy 18.) The Big over Lead
20c. TIME OF INJURY Month, Pey, Year 20d. INJURY OCCURRED 20. While Not While at work at work	PLACE OF INJURY Home, ferm, 20f. (Chy or town) (Gounly) (State) fectory, mortification, etc.)
21. I certify that I took charge of the remains described abov	e, held an Autopsy . Inspection Inquiry . and in my opinio
death resulted from: Natural causes, Accident,	Suicide Homicide , Undetermined manner
han 2 s	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Melvin B. Davis, M.D.	Dundalk (22, Md., or county)
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE REMOVAL (Specify)	
	n Cemetery Baltimore Co. Maryland 248 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Walter Brooks Bradley, Inc., Dunda	1 4 D 1

enough ton sensitive or and the sensitive (DI) Infil sorthagh Sharr of Toloi tegorise. Section of the second of the s AND REAL PROPERTY OF THE PROPE all the second of the second of the second Partie Commence - Commence to Call To the state of th brainful, of grantital garanac available Laxity parties decora comment, the substitute as the same as the same

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 8931

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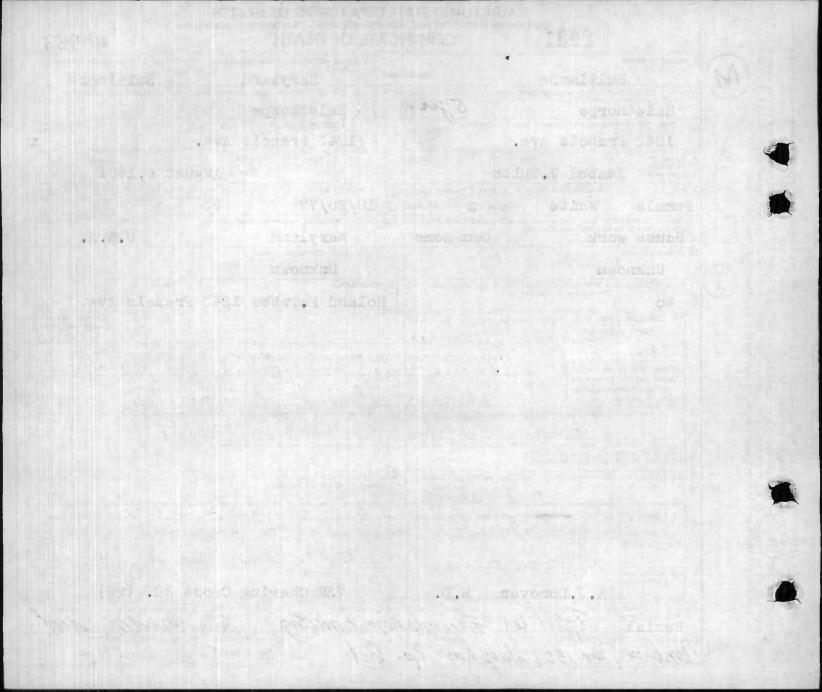
0001				(10000)
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution b. COUNTY	on: Residence befare admission)
Baltimore	MARYLAND	Maryl		Baltimore
 CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) 	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If at	utside corporate limits, write R	URAL ond give nearest town)
Halethorpe	o jus.	Halethor	pe	
d. NAME OF HOSPITAL (If not in hospital, give QR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1243 Francis Ave.		/1243 Fran	cis Ave.	YES NO
3. NAME OF DECEASED (Type or print) Isabel V. Tul	Middle D bs	Last	4. DATE Mor	/
S. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Female White w	IDOWED DIVORCED	10/25/77	9. AGE (In years last birthdoy) 83 yrs.	Months Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work dan	ne 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
House work	Own Home	Maryland		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Unknown		Unknown		
S. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give wor or dates of servi		FORMANT	Add	ress
No		oland F. Tub	bs 1243 Fra:	ncis Ave.
18. CAUSE OF DEATH [Enter only one coust	per line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(Iremia			ONSET AND DEATH
DUE TO	4.0		A	
Conditions, if any, which (b)_	Charrie rosa	I insuth	Ciono.	2 years
gove rise to immediate couse (o), stoting the under-		100	27	
lying couse lost. (c)_	Lenerally	al certeri	osclerose,	YNKNOU
PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5 taker	wellerape Co	melworesen	Con Deceone	VEC D NO D
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture af injury in P	ort I or Part II of item 1B.)	
20c. TIME OF INJURY Manth, Day, Year Haur o. m. p. m.		ACE OF INJURY (Hame, farm,		(County) (Stote
Haur o. m. 19	While Nat while of work of work	ctary, street, office bldg., etc.)		
21. I certify that (I) (this hospital)	attended the deceased from	May 12	59 to Ausur	t_, 1961_, that (I) (we) las
saw the deceased alive an	1 1 1	1 1/24	1	nd an the date stated above
22a. SIGNATURE	Carried Control of Con	Jedin decorred di LE 11	, , , , , , , , , , , , , , , , , , ,	22b, DATE
Al Gas	147911	M.D. ATTENDING ME	D. STAFF	A SIGNE
22c. PHYSICIAN'S		22d. ADDRESS		And the state of t
NAME (Type) R. J. Donov	an M.D.	732 Char	ing Cross R	d. (29)
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City, town,	
REMOVAL (Specify) Burial	1 Frundsher	bunder	anna Br	welle red.
4 SUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2 2 REC'E	BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
Impres tu 1200	lula bus la K	ZA. DATE A	11G 8 '61 C	Intly S. House

oby the funeral directar, nd 2 shauld be filed with y filled TO HOSP F.C. OR ATTENDING PENSICIAN: The law requires that the death certificate be executed within 2, may be dined by the haspite father dines physician.

TO FUNERAL DIRECTOR: After Answerificate has been signed by the attending physician and compressly fille page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Board af Health priar to burial, cremotian, ar removal, and in any event, within 72 haurs after death.

Is after death. Page 4

VR A1S (4) 1SM 9/S9



the funeral executed within 24 hours after Hilled in by TO HOS AL OR ATTENDED PHYSICIAN: The law requires that the death certificate to executed within a death.

S death.

S TO FUNERAL DIRECTOR: And this certificate has been signed by the attending physician and complete filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the please remove the prior to burial.

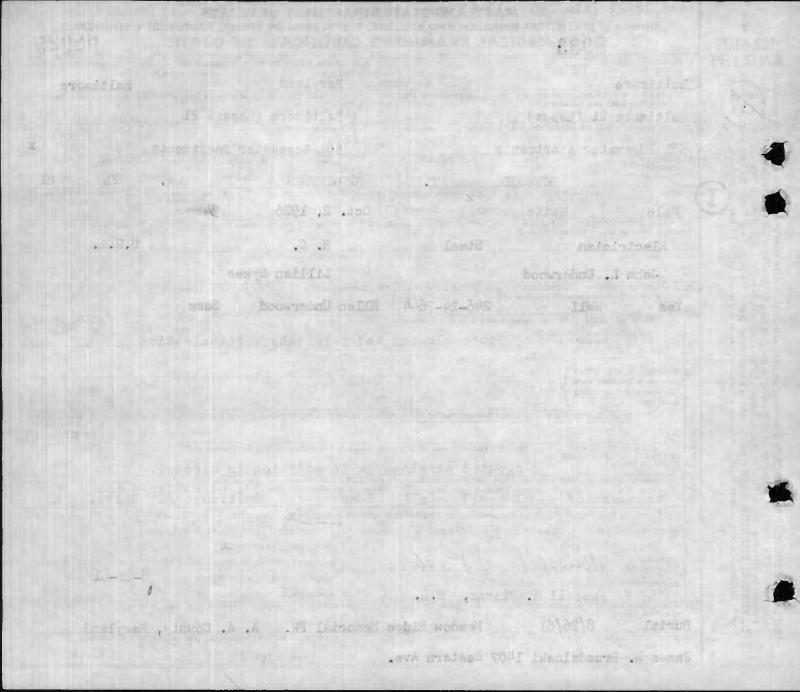
MARYLAND STATE	DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORD	ATE OF DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)
BALTIMORE MARYLAN	ND MARYTAND b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
FORT HOWARD 227 DAYS	BALTIMORE 3001-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
VETERANS ADMINISTRATION HOSPITAL	608 BURGUNDY STREET
3. NAME OF First Middle	Lest 4. DATE Month Day Year OF
(Type or print) ARTHUR E.	TWYMAN DEATH AUGUST 26 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days House Min
Male Negro WIDOWED DIVORCED	Mary 9, 1915 46 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Produce Worker Market	Bolivar, West Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Twyman	Bertha Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. {Yes, no, or unknown} {Ifyes give war or dates of service}	17. INFORMANT Clin Records, VAH, Baltimore, Md.
Yes WW II 236-03-1008 1B. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).	Fort Howard Division
1 DESCRIPTION OF THE PROPERTY OF	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE HEMORR	RHAGE FROM GI TRACT 3DAYS
DUE TO	
Conditions any, Which AX ESOPHAGEAL VAR	RICES 1½ YEARS
gove rise to immediate causa (a), stating the underlying DUE TO	
causa last. (c) FATTY LIVER WI	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
FULMONARY CONGESTION.	YES 😿 NO 🖸
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY PULMONARY CONGESTION. 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURED. (Enfer neture of injury in Part I or Pert II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d	te. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. Hour e.m. While Not While at work 19 at work 19	ractory, street, office bleg., etc.)
	rom January 10., 161., to August 26, 1961 that (1) (we) last
	that death occured al.2.:00. Nrom the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
Me Courence (whi	M.D. ATTENDING MED. STAFF PHYS. STAFF PHYS. STAFF
22c. PHYSICIAN'S	22d. ADDRESS
NAME (TYPH. LAWRENCE RUBIN, M.D.	VAH, BALTO. MD. FT HOWARD DIV.
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURTAL 8-31-61 BALTIMORE	NATIONAL BALTIMORE 28, MARYLAND
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25. PEC'D BY DEGISTRAD 256 REGISTRAD'S SIGNATURE
Flroy O. Wilson Funeral Home, 1000 Bra	ALIG S O O I
Balto, M	

A VANDER TO STACK DOES A VANDE BAR WE DRIVE TO A VANDE BAR WE DESCRIBE THE PARTY OF DESCRIPTION OF THE PROPERTY OF THE PARTY OF The state of the s the design of the State of the . Soft to botton . The last of the state of . Note the case of to be the state of A INC. COMPANY OF THE STATE OF THE STA BELLEVILLE OF CONTRACTOR a lo di mirati da di vaucat The state of the s . We william to the low and distant hould be with JELIO, LO.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY . STATE b. COUNTY Maryland Baltimore MARYLAND Baltimore b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) Baltimore 21 (Essex) Baltimore (Essex) 21 dire d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE for ON A FARM? č State 581 Edgewater Apartments Edgewater Apartments YES NO NAME OF Middle 4. DATE Year DECEASED OF the (Type or print) Page 5 may be rule 1 and 2 with the in 72 hours after DEATH 24 19 61 NORWOOD UNDERWOOD Aug. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. tost birthday) Months Deys Hours Male White WIDOWED DIVORCED Oct. 2, 1926 FFS. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages U.S.A. Steal pages Electrician PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Lillian Sykes John L. Underwood File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address with for permit. (Yes, no, or unkown) | (Ifyesgivawerordetesotservice) in Item 1 Yes Ellen Underwood Same "in pencil in Iter
Office along w
a burial-transit pr 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute alcohol and paraldehyde intoxication IMMEDIATE CAUSE (e) certificate should be ig the word "pending" in penc of Medical Examiner's Office a 3 should be used as a burial-tr trial, cremation, or removal, a DUE TO Conditions, if env. which (b) gove rise to immediate cause **DUE TO** (a), sleting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES K NO . NER: This 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | execute the certificate, writing to be forwarded to the Chief / IERAL DIRECTOR: Page 3 so lesignated agent, prior to buria Ingested paraldehyde in addition to alcohol. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) While Not While fectory, street, office bldg., etc.) 521 Edgewing work of the work Floring Home Baltimore MEDICAL 20c. TIME OF INJURY Month, Dey, Year (County) (Stete) Edgewa Apts. 8/24 1961 at work of work Balto. Md. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion MEDICAL death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute should be for SIGNATURE 8-21,-61 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Russell S. Fisher, M.D. Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY its 220. BURIAL, CREMATION. | 22b. DATE THEREOF DE 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) Q40 P 8/26/61 Burial Meadow Ridge Memorial Pk. A. A. County Maryland
240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Circhay S. Thous James E. Bruzdzinski 1407 Eastern Ave. AUG 2 8 '61 5M 9/60 DATE

MARYLANDSTATE DEPARTMENT OF HEALTH

18-21 Film 295



funeral the fid 2 sath. and by filled i ove physician please attending and oval 0 signed has certificate hospital S S prior use

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8934 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore Md. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL end give neerest town) Baltimore Catonsville e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 4427 Allen Drive House In The Pines. 16 Fusting Ave YES NO TE NAME OF Middle 4. DATE Dey DECEASED OF (Type or print) Jeanetta Valentine DEATH 18 Aug. 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SFX 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months Deys Hours

WIDOWED # DIVORCED .1885 76 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Home Md . USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service)

W.Pruitt 1934 Mrs.Lawrence Old Frederi INTERVAL BETWEEN ONSET AND DEATH 1-0018

Address

roandial Infarction rtenin Cordis Verentes Disease IMMEDIATE CAUSE (e) DUE TO geve risa to immediate cause DUE TO (a), stating the underlying

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

PART I. DEATH WAS CAUSED BY:

John Peel

PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, Month, Day, Yeer

factory, street, office bldg., etc.

Anne---

20f. (City or town) (County) (Stata)

Hour a.m. While Not While at work 21. I certify that (I) (this hospital) attended the deceased from 8-16

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).

1961 to 8-18- 1961, that (1) (we) last19 42... and that death occurred above 22b. DATE

ulmes 22c. PHYSICIAN'S

ATTENDING DIRECTOR 22d. ADDRESS

23a. BURIAL, CREMATION, 23b. DATE THEREOF Aug. 21.61

saw the deceased alive on.....

23c. NAME OF CEMETERY OR CREMATORY

M.D.

Moreland Memorial Pk.

23d. LOCATION (City, town or county) Balto.Md.

SIGNED

24 FUNERAL DIRECTOR'S SIGNATURE Witzke F.D. 4101 Edmondson Ave

22a. SIGNATURE

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DATAUG 2 1 '61

Orthon & Know

VR A15 (4) 15M 9/60

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FUNERAL

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15 BEST LINGER allivared at marke milliones move grider. Bouse Inclie cines, 15 · NA entreiaV ar flagter 76 Ing To Or OT THE SERVICE OF THE PROPERTY OF THE PER SERVICE OF T CONTRACTOR OF THE STATE OF THE Whene Bill Mason AD Assessed to A Something Links F. D. 4101 Ednowless Ave.

funeral within 24 hours after the f TO HOS TAL OR ATTENDED BY PHYSICIAM: The law requires that the death certificate be executed within 24 ho death, 256 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: Aner this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, demailon, or removal, and is any event, within 72 hours after deap 050

TO HOS death.

VR A15 (4) 1SM 9/60

2

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0000	CERTIFICATE	OF DEATH		110946		
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)						
a. COUNTY		Maryland	b. COUNTY	./		
Baltimore	MARYLAND			4		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			(If outside corporete limits, write RURAL end	. /		
Fort Howard	2 Days	Baltimore :				
d. NAME OF HOSPITAL OR INSTITUTION (if no	ot in hospitel, give street eddress)	d. STREET ADDRESS	5	e. IS RESIDENCE ON A FARM?		
Veterans Administra			Macon Street	YES NO X		
3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Dey Yeer		
(Type or print) GEORGE	S. V.	ARIPATIS	DEATH August	29 19 61		
		, DATE OF BIRTH	19. AGE (In yeers IF UNDER 1			
			lest birthdey) Months	Deys Hours Min.		
120000		Wovember 15,				
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	unty & State, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?		
Painter	Construction			S. A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Estratius J. Varipatis		Irene De	Foni			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (Ifyes give war or detes of servi		NFORMANT	Address 10	Manufaud		
Yes WW II	213-07=3066	THICAL RECOR	ds, VAH, Baltimore 18	Maryland		
18. CAUSE OF DEATH [Enter only one ceu			FORT HOWARD DIVIS	L INTERVAL BETWEEN		
PART I DEATH WAS CAUSED BY.				ONSET AND DEATH		
IMMEDIATE CAUSE (+)	BRONCHOGENIC CARCI	NOMA, RIGHT	BRONCHUS WITH			
/ A XXXXXXX	METASTASIS TO LEE	T LOWER LOB	E	UNKNWON		
		PHROSCLEROSI		UNKNOWN		
geve rise to immediate cause	SEVERE CHRONIC NEE	TOOCTETIOST	D	- OMMONTA		
(o), starting the discertying	(e), stating the underlying XXXXX					
couse lest. (c) MYOCARDIAL HYPERTROPHY UNKNOWN						
PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?		
ATIO				YES NO 1		
□ 20e. ACCIDENT WAS UNDERLYING □ 20	Ob. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in	n Pert I or Pert II of item 18.1			
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 20 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OB. DESCRIBE NOW INSORT OCCURED	, temp notate of injury in				
ZOc. TIME OF INJURY Month, Dev. Yeer	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fee	orm, ' 20f. (City or town) (Cou	nty) (Stete)		
Hour e.m.	factory stead office bldg ate					
₹ p.m. 19	al work et work					
21. I certify that (IX (this hospital)	attended the deceased from.	& August 27	1961, to August 29, 19.	61, that (X (we) last		
			PM.M, from the causes and on t	the date stated above		
	to the state of th	dodin occur ou din	Party wom the education and on t	22b. DATE		
22e. SIGNATURE	0100	ATTENDING	MED. STAFF	SIGNED		
M.D. PHYS. DIRECTOR PHYS. 8/30/61				8/30/61		
22c. Printrans	22d. ADDRESS					
SEBASTIAN RUSSO, M.	D.	VAH BAIT	IMORE 18, MD., FORT HO	WARD DIVISION		
23a, BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY		23d. LOCATION (City, town or count			
REMOVAL (Specify) Burial 9-2-61	Greek Orthodo	x Cemeterv	Baltimore Count	y, Maryland		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE						
	3021 Eastern Ave	20. 24 -	OCD C 104			
Matthews Funeral Home	JOET Depoets Ave.	24.Md. DATE	SEP 5 '61 Cothun &	Kinus		

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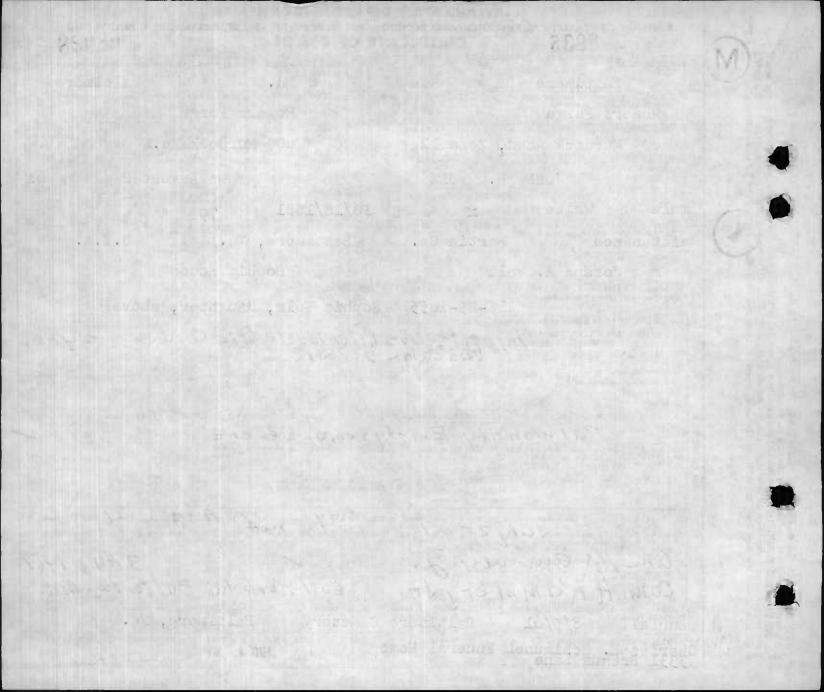
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8936 CERTIFICATE OF DEATH

## 1						
	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)				
/	Baltimore MARYLAND	o. STATE Md. Baltimore				
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town)				
	write RURAL end give neerest town) Rogers Forge	X Rogers Forge				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. 15 RESIDENCE				
X	609 Murdock Road, Zone 12	609 Murdock Rd.				
1	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer				
	(Type or print) JOHN H. VOLZ	DEATH August 2 19 61				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.				
1	male white widowed Divorced :	10/18/1881 79 yrs. Months Deys Hours Min.				
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
1	Maintenance Martin Co.	Baltimore, Md. U.S.A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Joseph A. Volz	Sophia Hodes				
		NFORMANT Address				
	(Yes, no, or unkown) (If yes give wer or detes of service)	ophia Volz, daughter, above				
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: He potterine A	Arterios derofic Cardio- ONSET AND DEATH				
	/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		713 643 6				
	gave rise to immediate ceuse	Conditions, if any, which gave rise to immediate ceuse				
	(a), stating the underlying DUE TO					
	Cause lest. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY				
	10	PERFORMED?				
	Pulmonary Emphy.	sema, severe YES NO D				
	20e. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRÉE HOW INJURY OCCUÉED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
		CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)				
	Hour a.m. While Not While factory, street, office bldg., etc.)					
		MOV 1950 A4 9 1961 that (1) (wa) last				
	21. I certify that (I) (this hospital) attended the deceased from 15 y to 7 to 7 to 7 to 7 to 7 to 1961, that (I) (was) last saw the deceased alive on 1611 to 17 to 1811 from the causes and on the date stated above.					
	22e, SIGNATURE	22b. DATE				
1	Line UNQUELLER 9	ATTENDING MED. STAFF				
	22c. PHYSICIAN'S LO					
	Coming H. Kammer, St. 6011 York Rd. Balto. 12, Md.					
^	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY					
V	Burian 8/5/61 Baltimore C					
7	Charles E. Schimunek Funeral Home	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
	3331 Brehms Lane	DATE AUG 4 '61 Cultury S. Knows				

death CRAILER OR ATTER TO PHYSICIAN: The law requires that the death certificate he executed within 24 hours after death CRAILER OF the hospital or attending physician.

IO FUNERAL DIRECTOR: A fer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please repower carbon papers. Pages 1 and 2 should be glied with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. PHYSICIAN: The law requires that the death certificate the hospital or attending physician. VR A15 (4) 1SM 9/60



MADVIAND STATE DEDADTMENT OF HEALTH

within 24 hours after

TO HOST AL OR ATTENDED PRYSICIAN; The law requires that the death certificate the executed within 24 hours after a death. Logs 4 may be retained the hospital or attending physician.

\$ \sum 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

ITIPAN I	LAND STATE DEPARTMENT OF THE	ALIII
DIVISION OF STATISTICAL RESEA	RCH AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAND,
8937	CERTIFICATE OF DEATH	0092

	e. COUNTY	a, STATE b. COUNTY				
	BALTO. MARYLAND	b. COUNTY BALTO.				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town),	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)				
	CATONSVILLE	X CATONSVILLE				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE				
1	1913 LISMORE RANE	1913 LISMORE KANE YES NO NA FARM?				
	3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer				
	(Type or print) PILTON PARKER	VORE DEATH AUG. 24 1961				
10	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.				
	MIDOWED DIVORCED 1	3 CT. 7,1914 46 yrs. Months Deys Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					
	done during most of working life, even if retired) ELEC. Co.	CALIFORNIA U.S.A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
1	MILTON P. VORE, JR.	JOSEPHINE WOOD				
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address				
	NO -	15. miltont, VER-1913 Lamore Live				
	iB. CAUSE OF DEATH [Enter only ona ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	hemonlage 2 hrs				
	204 2 DUE TO 0	1 91 - ~				
	Conditions, if any, which (b) which	logues lenkemia 8 mo +				
	geve rise to immediate cause (a) station the underlying DUE TO					
	(a), steting the underlying ceuse lest.					
(c)						
0	ATIO	PERFORMED? YES NO The state of				
		. (Enter nature of injury in Pert I or Part II of item 1B.)				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
		CE OF INJURY (Home, ferm, ' 2Df. (City or town) (County) (Stete)				
	Hour a.m. p.m. Not While at work et work	i, steet, office brogs, etc.)				
	21. I certify that (I) (this hospital) attended the deceased from 2/7 1961 to 8/24, 1961, that (I) (we) las					
	saw the deceased alive on					
	22e. SIGNATURE	22h DATE				
-	James C. Romen M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS.				
1	22c. PHYCIAN'S	22d. ADDRESS				
	NAME (Type)					
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)				
1	REMODEL (Specify 8-28-61 London Teck Cem Batter Med.					
N	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS DE 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
11.	Take Cavanacy & 1. K. Catonovalle Ma. DATE SEP 1 '61 arily 8. Thomas					
A						

STATES TO WARREN The water of dedicate Cante mysley was the street 12 15/2 25 25 Transfer Const.

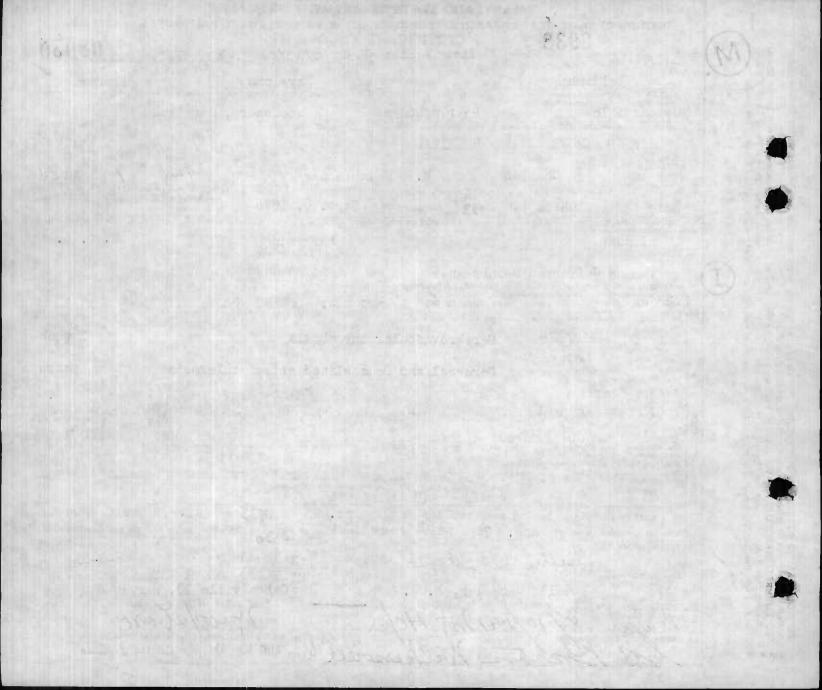
TO HOST RL OR ATTENDED PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

A may be retained the hospital or attending physician.

Yes IO FUNERAL DIRECTOR: And this certificate has been signed by the attending physician and complete miled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MAKTLAND STATE DE	PAKIMENI OF	BEALIN	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
8938	CERTIFICAT	E OF DEATH		460

	0000	Item 7 Film	0202 8/25/	()	112031
1. PLACE OF DEATH		T-0-1 T-T-11	T. USUAL RESIDEN		institution: Residence before edmission)
	ltimore	MARYLAND	a. STATE Mary.	b. coul	Frederick
	outside corporeta limits,	c. LENGTH OF STAY IN 16			ia RURAL and give nearest lown)
Catonsvil	giva neerast town)	25yr7mth6dys	Tologo	dsboro, Maryla	nd
		in hospital, giva street address)	d. STREET ADDRESS	isoulog mary La	a, IS RESIDENCE
SPRING				IOX	ON A FARM?
3. NAME OF	First				YES NO Dey Yeer
DECEASED (Type or print)	Charle	- "	inbrenner	4. DATE Mont	7 1961
5. SEX	6. COLOR OR RACE 7.	AARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
male	2 0 1	DOWED TO DIVORCED	Sept. 8, 18	876 84 yrs.	Months Deys Hours Min.
100. USUAL OCCUPATION	ON (Give kind of work	106. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Cour	nty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
plumbe	king life, even if retired)		Maryland		U. S. A.
13. FATHER'S NAME	*		14. MOTHER'S MAIDEN		
	I- 60 11		unkr		
	Jefferson We		INFORMANT	Addres	
(Yes, no, or unkown) (If	yes give werordelas of service	0)			
			ecords: SPR	ING GROVE ST	ATE HOSPITAL
		se per line for (e), (b), end (c).]			ONSET AND DEATH
	MAS CAUSED BY: MMEDIATE CAUSE (0)	Cerebrovascular	thrombosis		l week
337	DUE TO				
Conditions, off ony	which (b)	Cerebral and Ge	nerslized art	teriosclerosis	vears
gava rise to Immadie	ota causa	ociestar aid co			
(e), steting the un	denying				
	SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(e) 19. WAS AUTOPSY
2					PERFORMED?
S ACCIDENT	C INDENIANCE TO 1 00	Descript How bulley occupi	D (foto other of injury in	Don't Low Don't II of Home 1D \	YES NO
	CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	rent lor rent il of hem ib.)	
20c. TIME OF INJUIT	RY Month, Dey, Year		ACE OF INJURY (Home, fare ctory, street, office bldg., etc		(County) (State)
Hour a.m.	19	While Not While fe	ctory, street, office bldg., etc	1	
7		-thended the deceased from	Dec 25	10 35 to Alle.	7, 161, that (I) (we) last
NAME OF TAXABLE PARTY.	ed alive onAug.		at death occured at	3.M, from the causes	and on the date stated above.
22e. SIGNATURE	0,00	1.1. 6. 0		MED. STAFF	SIGNED
	Hella	Wachsler	M.D.	DIRECTOR PHYS.	8-8-61
22c. PHYSICIAN'S NAME (Type)	21 - 2 77				STATE HOSPITAL
	Stella Wa	chsler, M. D.	lCa	tons ville 28,	Maryland
23a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	/ 23c, NAME OF CEMETER	OR-CREMATORY	234. JOCATION (City,	own or county) (State)
REMOVAL (Specify)	8/10/1	1961 mt HOW	l	1000ls	ioro
24 FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. RE	EGISTRAR'S SIGNATURE
hos	1 don't	- Wallan	ville LDATE A	UG 11 '61 C	Irthur S. Krana
1	1 delle	- Juliano	Dury		



TO HOST AL OR ATTENTIONS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

A death.

A may be retained the hospital or attending physician.

Provided by the attending physician and complete with the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidanca before admission)
BALTIMORE MARYLAND	STATE MARYLAND 6. COUNTY BALTIMORE
b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Proutou
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS (a. IS RESIDENCE
MTCARMEL + EUNA ROS.	I MT. CARMEL & EUNA RDS. YES NO NA FARM?
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) FLORENCE VALIANT	WEST DEATH HUGUST 13 1961
FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. WIDOWED DIVORCED J	AN. 19, 1879 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE HOME	MARVLAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HERI JOSEPH O. VALIANT	ELIZA ANN CLIVER
	NFORMANT Address
(Yes, no, or unkown) (Ifyes give war or detas of service)	
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	ONISET AND DEATH
IMMEDIATE CAUSE (a)	estico Cardio Vesalon descino
Conditions, if any, which (b) Hupperlement	
Conditions, if any, which (b) buppelleuser	~
gava rise to immediate cause (a), stating the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ATIC	YES T NO T
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury In Part I or Pert II of itam 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	8-13 19.61 to 8-13 19.61, that (I) (we) last
	death occured at. 3. P.M., from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
0 2/ 1 1 2/1 10	
C. Herbert Muelly h	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S	The same of the sa
	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
22c. PHYSICIAN'S NAME (Type) C. HERBE R+ MUELLER JE 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL OF COMMETTER PROPERTY OF COMME	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
22c. PHYSICIAN'S NAME (Type) C. HERBE R+ MUELLER J. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (PARK TON, MID.
22c. PHYSICIAN'S NAME (Type) C. HERBERT MUELLER JE 23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL Specify 8-15-61 GREEN M 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DR CREMATORY DAR COLOR DARTIMORE, MD;
23c. PHYSICIAN'S NAME (Type) C. HERBERT MUELLER J. 23e. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL Specify 8-15-61 GREEN M 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DR CREMATORY 23d. LOCATION (City, fown or county) DALTIMORE, MD; PLACE 25a. REGIS BY REGISTRAR'S SIGNATURE
22c. PHYSICIAN'S NAME (Type) C. HERBERT MUELLER JE 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 8-15-61 GREEN M 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	D. PHYS. DIRECTOR PHYS. D 22d. ADDRESS PARK TON MID. OR CREMATORY DALTIMORE, MD; 25a. REGIO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Bas 19408E BALTUNGRE MARYEN W PARKTEN LARW TON MT CARMEL YELWA KAT. MTEARMEL & EUVARDS-LORENCE FRANK WEST WAS STORY FEMILE KHITE X JAN 19, 1878 82 CLUSIUS SIM HOUSELLIFE HOME ENZA MAN CarrER MANUAL CONTRACTOR and the second of the second of the second of the open and a. Herbert Wille France C. HERBERT MILELLEY JE PARK THE STATE BURREL STEEL GREEN MOUNT ENFINEREY MIS JOHN C. MITCHELLY SCREETE PROFESSION PROFESSION CONTERNS 2041

CERTIFICATE OF DEATH

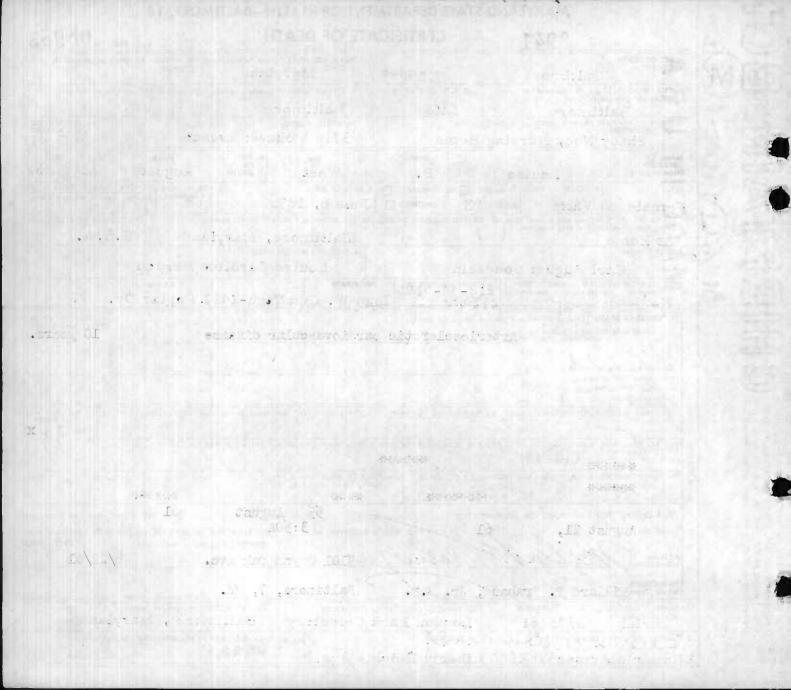
Reg. Dist. No. 18933

		UULL							Kog. Bio.		0 - 6)
	COUNTY	Baltimore		MARYLAND		Aaryl		lived. If institution b. COUNTY	on: Residence	before admis	sian)
b.	CITY OR TOWN (If RURAL and give ned	outside corporate limit	s, write	c. LENGTH OF STAY IN 1b	c. CITY OR T	OWN (If a	outside corpore	ite limits, write Rl	JRAL and giv	ve nearest tow	n)
Baltimore Life				Balti	more	е		3	NO		
d	OR INSTITUTION	L (If nat in hospital, g	ve street	address)	d. STREET A				110		SIDENCE
		Nook Nur	sing	Home	3716	Moha	wk Av	enue			NO [
	AME OF	Fire	it	Middle	Last	000	4. DATE	Mont	th	Day	Year
	ECEASED (ype or print)	Louis	se	В.	Wes	t	DEATH	Augu	st	22	19 61
. SE	X			RIED NEVER MARRIED	B. DATE OF BIRTH	1	9	. AGE (In years		YEAR IF UND	ER 24 HRS
F	'emale		WIDOW		June 6,	1893		last birthday)	Manths D	Doys Haurs	Min.
Oa.	USUAL OCCUPATIO	N (Give kind of work of	lone 10b	. KIND OF BUSINESS OR INDI				intry)	12. CITIZI	EN OF WHAT	COUNTRY
1		ng life, even if retired)			Baltir	nore	, Mary	dand	U.	S.A.	
3. F	At Home				14. MOTHER'S						
	Car	rl August l	3011	rsein	Lo	uise	Caroli	ne Bers	ch		
S. V	VAS DECEASED EVER	IN U. S. ARMED FOR	CE 5? 12	SOCIAL SECURITY NO.	INFORMANT			Addr			
Yes,	No (I	f yes, give war or dates of se		12-34-0100 12-34-0100 12-35-0100	oan W. G	undla	ach-24	ll Popla	ar Dr	. #7	
	18. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH									ETWEEN	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular di				cardiovas	cular	disea	se		10 ye	ars.	
	Conditions, if an	y, which)									
1	gove rise to im	mediote (
1	lying couse last.	ne under-								10000	
<u> </u>		(c) FR SIGNIFICANT CON		CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY
										PERF	ORMED?
CERTIFIC	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIEY.)	UNDERLYING DEATH WEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of	f injury in	Port I or Port	II af item 18.)			
ا پ	0000	Manth, Day, Yea	r 204	INJURY OCCURRED 20e. P	LACE OF INJURY (dome, farm	20f. (City (or town)	ICo	ounty)	(State
MEDIC	Hour 36546-36		While	Not while	actory, street, office	bldg., etc)	100		20111/1	(0.0.0
-	p. m.	17	of wo	%ELXYWXXX□	****	,		/:	****		
	21. I certify the	at I ottended the	decea	sed from			igust	1901,	that I las	t sow the	deceose
	olive on Augu	st 21,	_, 19	61 , and that deat	h occurred ot_	3:50	M, from t	he causes on	d on the	date stote	d obove
		20: 11/a.	11	1/1/1/11			ADDRESS (Str	eet, city or tawn,	state)	DA	TE SIGNE
	ACTUAL SIGNATURE	recling	17	/ Nolley	M.D. 5101 G	wynn	Oak Av	e.	8,	/22/61	
1			0	1							
	PHYSICIAN'S NAME (Type) M1]	lard T. Tra	aban	d. Jr. M.B.	Baltin	ore,	7, Md.				
2a.	BURIAL, CREMATION	N, 22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY			ON (City, tawn, o		(Sto	ote)
	Burial	8/25/61		Loudon Par	k Cemete	ery	Balt	imore,	Mary	land	
3. F	WHERAL BIRECTOR'S	SIGNATURE CO	m	acappaess		24a. REC'	D BY REGISTR	100	TRAR'S SIGI	NATURE	
F.1	leworth A	rmacost 4	1600	Liberty Heig	hts Ave	DATE	AUG 22	61	Cirching .	8. Hours	
	13 WULL	LILLUST .	000								

in by the funeral directar, and 2 should be filed with permit. Then please remave carban papers. in any event within 72 haurs after death. ro Funeral Director: After this certificate has been signed by the attending physician and cample page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 1SM 9/SB

CIAN: The law requires that the death certificate be executed

ofter death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

director,

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		PARTY TO TREE BY THE PARTY.	
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		Harmon Mark	Caja 6 - Pa
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		Harmon Mark	
		THE STATE OF	
			A A C Cartillo

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

08935

1.	PLACE OF DEATH a. COUNTY	Baltimore	No.		MARYLANI		o. STATE	Maryla			institutio DUNTY		time		ion)
	b. CITY OR TOWN (If RURAL ond give nec	outside corporate limi arest town)	ts, write		OF STAY IN 1	b		TOWN (If ou		prote limits,	write RU			2.01)
L	Catonsville 62 yrs.						Catonsville								
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	address)			d. STREET A	ADDRESS						e. IS RES	FARM?
L	1 55	127 Longvi	lew I	Drive				127	Long	view I	rive	9		YES _	NO
3.	NAME OF DECEASED	Fir	st		Middle	100	Lo	st	4. DATE OF		Mont	h	Do	у	Yeor
	(Type or print)	Robert		Henry			ngham		DEATH			Aug.	21		19 61
S.	SEX	6. COLOR OR RACE	7. MAR	RIED X NEVE	R MARRIED] B. D.	ATE OF BIRT	Ή		9. AGE (tr					R 24 HRS.
	Male	White	WIDOW	/ED []	DIVORCED	Me	ay 9.	1888		73	yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATION	N (Give kind of work on g life, even if retired	done 10b	. KIND OF BU	SINESS OR IN	DUSTRY	11. BIRTHP	LACE (State o	or foreign c	ountry)		12. CIT	IZEN OF	WHAT	OUNTRY?
	Bridge ca		E	Balto.	Transit	Co.	W	lest Vi	tgini	ia			U.	S.	A .
13.	FATHER'S NAME				A	-		MAIDEN N	AME						
1)		William	Will	ingham				Mar	ry Owi	ings					
	WAS DECEASED EVER		CES? 16.			. INFOR	MANT				Addre	ess Cat	onst	71776	e, Md.
1,"	No No	r yes, give war or dates or s		213-10-	3043	Mrs	Mago	ie Wil	lingh	am 12	7 T.				
F		TH [Enter only one co					100	-		ACCURATE AND ADDRESS OF THE PARTY OF THE PAR		ZIIS V	INTE	RVAL BE	TWEEN
				- /	711	0.0	011	lases.	9.	A	0		ONS	ET AND	DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Stones allegy Desiral Systems														
	Conditions, if ony, which) the alther on les tie Caroli Marula Descrip 8 46														
	gave rise to im	mediate)	009	TUTO 0	cu	re	close	ha offe	and Corn	a h	Dec.	245	07	- La
	couse (o), stoting t lying cause last.	he under- DUE TO												-	
z) (c ER SIGNIFICANT CON	-	CONTRIBUTION	IC TO DEATH !	DUT NO	DELATED TO	O THE TERMIN	IAL DICEAC	E CONDITI	ON CIVI	TAL IAI DA	T 1/2\1	0 \A/A C	ALITORSY
CATION	PARE II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTION	IG TO DEATH	- NOI	KEDATED TO	J HE TEKMIN	NAL DISEAS	E CONDITI	- ON GIVI	EN IN PAP	(11(0))1	PERFC	RMED?
	DO ACCIDENT MA	things, we a	001 05	COURT HOW	and the	2050 15	me	check	2)	A 11 - 6 'A	10 1			YES	NO
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	200. DE:	SCKIRE HOW I	INJURY OCCU	KKED. (E	nter noture o	ot injury in r	orr i or rar	T II OT ITEM	10.)				
MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye	1	INJURY OCCU				(Home, farm, e bldg., etc.)		or town)		(County)		(State)
MED	Hour o.m.	19	While of wo	Not wh		1001017,	sireer, orne	e blog., etc.,							
	21 I cartify that	(I) (this hospital	\ atten	ded the de	ceased frag	- 6	no	'· 10.5	3.ta_	12	. 21	106	th	at (1) (we) lost
		ed alive on A						4:300							
Н	22a. SIGNATURE	O a a O	1	72.17.	z, ana ma	deor	Occorre	d di ZZ	7VI, 11 OIII	The Cou	ses and	011 111	e date		b. DATE
	//	Milan III	Kan	,		M.D.	ATTENDIN		D. RECTOR	STAFF PHYS.			1	. 2	SIGNED
	22c. PHYSUZIAN'S	70000	1				22d. ADDR		LCIOR (_)	11113.		- 6	Les	-	7/70/
	NAME (Type)	U. NELS	OK	McK	AY		601	4 ED	MON	DSO	N.E	VE	CA	TON	S.MD
23	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREC	F	23c. NAME	OF CEMETER	Y OR CR	EMATORY		23d. LOCA	TION (City,	town, o	r county)		(Stot	e)
	Burial	8/21/19	167	Go	od Sher	hero	3		El	licot	t Ci	ty.	Md.		
24	FUNERAL DIRECTOR'S	SIGNATURE		A					BY REGIST			TRAR'S SI	GNATU	RE	
-1	aston!	Funetal	- W.	me	Catons	vil	Le, Md	DATE AL	16 2 2 1	61	17	71			
					-						Colo	thur	Illia	IA.	

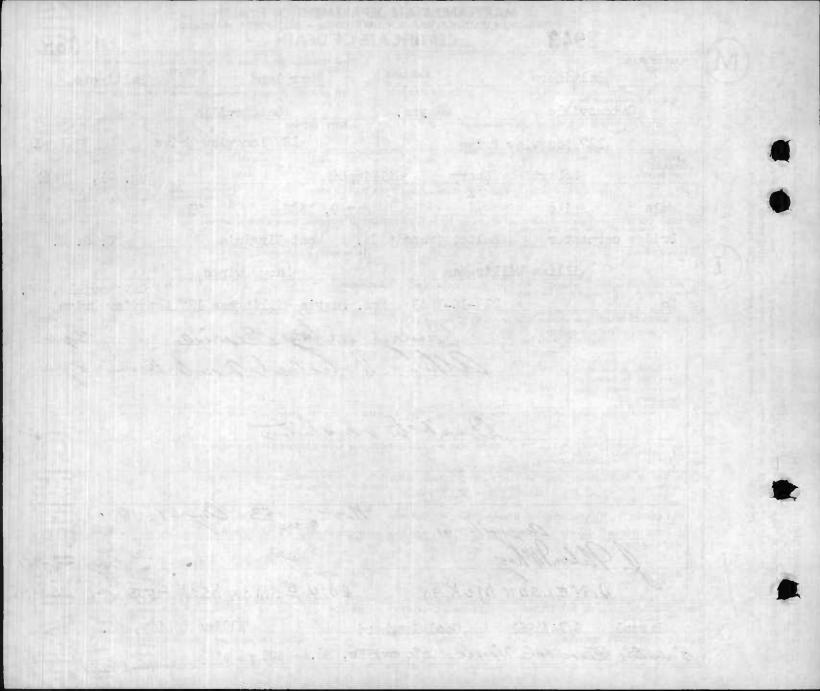
and 2 shauld be filed with TO HOSPITATION OR ATTENDING RANSICIAN: The law requires that the death certificate be executed within 24 may be used by the haspito attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and camp. I filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board at Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death.

VR A15 (4) 1SM 9/S9

SICIAN: The law requires that the death certificate be executed

urs ofter death. Page 4



FOR STAT HEALTH DEP

th. If any ay is necessary, of to the torreral director. Page of He

TO DEIL MEDICAL EXAMERE: This certificate should be executed within 24 hours after. An 3 to the larger all glease execute the certificate, which are word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the largeral directon 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2044 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0011		(,000.)
1. PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Whare decaesad livad, If institution: e. STATE b. COUNTY	Rasidanca bafora edorission)
b. CITY OR TOWN (if outside corporeta limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL an	d give neerast town)
RURAL - COCKEY SVILLE	BALTIMORE CITY	3Va 1-7
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
HARRISHERE EXPRESSIONY	5316 THE ALAMEDA	ON A FARM?
	NOL = 4. DATE Month OF DEATH AUG.	5 196 1
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	4-21-13 48yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, avan if relired)	TRY 11. BIRTHPLACE (Stelle or foreign country) 12. CIT	IZEN OF WHAT COUNTRY
CLAIMS ADJUSTER U.S. GOVT.	PENNA.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
V WARREN A. WOLF	LOLA ARNOLD	
	INFORMANT Address	
(Yer, no, or unkown) (Ifyasgivewarordalasofservica)	ITA 1. WOLF ABOUT	G T
18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).]	11000	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MVA APD AL	. INFARCTION	ONSET AND DEATH
A A A B	, THE HALL	3 11/10
4 20 DUE TO		
Conditions, if any, which (b)		
(e), staling the underlying DUE TO		
causa lasi. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY PERFORMED?
[3]		YES NO
PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	(Enter netura of injury In Pert I or Pert II of item 18.)	
Hour a.m. Whila Not Whila fe	LACE OF INJURY (Home, farm, 20f. (City or town) (Counctory, streat, office bldg., etc.)	nty) (Stela)
21. I certify that I took charge of the remains described above, h	held an Autopsy , Inspection , Inquiry	and in my opinion
	icide , Homicide , Undetermined manner	
death resulted from: Individual causes Accident .		_
ACTUAL Williams And Brown	CHIEF MEDICAL EXAMINER	
SIGNATURE WALLEAMA MASSELLE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S WILLIAM A. PILLSBURY	DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county)	8-5-61
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (OR CREMATORY 22d. LOCATION (City, town, or country	(Sieta)
BURIOL 8-9-61 GRANDVIEW	HLLENTOWN	PA.
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S S	IGNATURE
IH.W. KNKINS & SONS (a. 4905 YORK KO	BAUO POATE AUG 9 '61	The same
	Total Day of Careaut Z	, , , , , , , , , , , , , , , , , , , ,

EN LT MN ME DE LA LANGE THE RESERVE OF THE PROPERTY OF THE PARTY OF The state of the s SOLVE THE HERPERSON - FREEZEMAN WALKERSON STREET BOTH LINE F 11 3 1 1 5 PENKA CLAIMS HOUSTER 11.25 CANT 14 WALLER A. MOLE 410 Mg. AUDI SUID TOWN AND WERE AND THE WAS DEFT THE WAS TO SEE The said to the said the BOOKS F-1-61 CHANNEN - HILLATOON HW JENKINS & SALS CE ALOS KORY IN ELANO (4 SANDER IN)

filled the funeral director, Pages 1 and 2 shauld be filed with SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be to he has pital to the has pital to the difficult of the control of the co OR ATTENDING PHY ned by the haspital TO HOSPIT

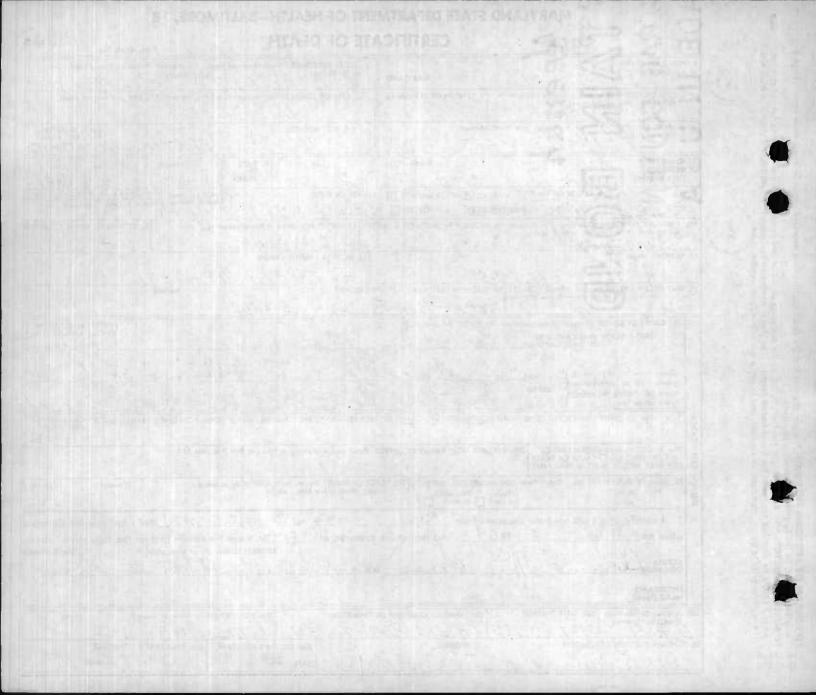
VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

8945 CERTIFICATE OF DEATH

Reg. Dist. No. (1895?

	PLACE OF DEATH O. COUNTY 770	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
/ [BALTIMORE MARYLAND	O. STATE MARYLAND B. COUNTY BALTIMORE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	PIKESVILLE	X PIKESVILLE
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION,	d. STREET ADDRESS e. IS RESIDENCE
	1703 REISTERSTOWN RD	1703 REISTERSTOWN RO YES NO D
	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) ANNA MAE VOI	UNG DEATH AUGUST 30, 1961
	SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	B. DATE OF BIRTH 19. AGE III years IF UNDER 1 YEAR IF UNDER 24 HRS
	FENALE WHITE WIDOWED DIVORCED	DECEMBER 2, 1916 64 yrs. Months Days Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
	during most of working life, even if retired) DISPATCHER HUMANE SOCIETY	TY MARYLAND 115A
Ī	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Whiliam Mappie	ELIZARETH MEDELEY
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, 11	NFORMANT Address
1	(II yes, give war or dates of service) 2/8 A 32-9887 F	READER PERDEN
=		ANTILY NECORIS
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0) Controlism	- ulmorary protant
1	DUE TO	In an't hours
1	Conditions, if any, which) (b) of sheles	Mellelus - Old Hangen bet left years
	gave rise to immediate cause (a), stating the under-	
	lying couse lost. (c) (b) cylarline	feart Failure Chronic /year
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	
		Ø€RFORMED? YES □ NO 🗖
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLA fac 19 of work of work of work of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour a.m. While Not while fac	tary, street, office bldg., etc.)
1	21. I certify that I attended the deceased from July	1954, to Muguett 30, 1961, that I last saw the deceased
1	alive an cought 28, 1961, and that death	The state of the s
	ACTUAL ()	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE LARGUE & MILLIAMO	4.0.1904 Kesslesstone Ad Resslesstone 4, aug 2, 196
1	PHYSICIAN'S NAME (Type)	
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
	REMOVAL (Specify) SEDT 3 1941 SATEDS BAD	TIST CEM, LUTHERVILLE, MD,
2	3/FUNERAL DIRECTON'S SIGNATURE // ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	John Burns Som Toron W	DATE SEP 5 '61 Corting S. Hraum



1	de	T	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	#		8945 Item 11 Film G293 8/21/61 mh CERTIFICATE OF DEATH Reg. Dist. No. (18938
Page 4 director, iled with	XX	1. 1	PLACE OF DEATH D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY MARYLAND D. COUNTY D. COUNTY
÷ - 4	(M	-	Dallimoke Mak-land Dallimoke
ofter death. the funeral shauld be f	A.	1	RURAL and give nearestylown)
fter he fu	1		d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE
N ~	X		OR INSTITUTION 1235 PRIMROSE AUD. 11235 PRIMROSE AUD. ON A FARM?
4 hored in 6			NAME OF DECEASED First Middle Last 4. DATE Month Day Yeor
Pages		S. S	(Type or print) HUNA SARBARA CARAS. DEATH HUS UST 18 196
Po		15	lost birthdoy) Months Doys Hours Min.
mple pers.		- Land	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 0. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
xecu d con pop			during most of working life, even if retired)
and ban		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
cian cian	F	15	Anton Cernohorsky Rosalie Unknown
rifico nave	(1)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address
cerl ng p		(101	No or pulhown) (If yes, give war or dates of service) Non-e Anna R. West 1235 Primises & Ave. Bulto-6-Wid
death tendir please			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH
off off			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Usute Myacadal Induction
that the by the t. The			45011 DUE TO () () () () () () ()
d by			Conditions, if any, which (b) Urthubsdevette - Mypertingfore C. V. V.
gne			gave rise to immediate couse (o), stating the under-
red ian.	Ja.	7	lying couse last.) (c)
law hysic bee	0	TIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
The g pl		FICA	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
AN: ndin cate		CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
as t			20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State
nis course		MEDICAL	Hour o. m. p. m. While Not while of work of work factory, street, office bldg., etc.)
Pito Pito For		_	21. I certify that I attended the deceased fram. april 1961, talling 18, 1961, that I last saw the decease
Aft.			alive an 18 , 19 GL, and that death accurred at 10:30 M, from the causes and an the date stated above
the constant			ADDRESS (Street, city or town, stote) DATE SIGNE
DIRECT Id be d			SIGNATURE JOHN J. OUTH, MO, M.D.
			BLIVEIPIANIE
OSPITA y be remained JNERAL DI ge 3 should	0		NAME (Type) U John G. Orth, M.D. 8019 Philadelphia Rd, 8/18/61
y be UNE	The state of the s	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
O HOSPITA may be re O FUNERA page 3 sho	CH	13	WAIR MG. d. 1961 Dohamian National Cometery Da Minorty Manyland,
VS A1S (4)	16	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1SM 9/S8			milip E. Crach 1211 Chesaco Aux. Dalto-GMC. DATEND 21 61 arthur & Krans

1994年 2 日 15 mm 2 日 15 5 5 5 19 19 1 The state of the state of the state of the state of The shade when the process of the Attention In the Language of the State of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY STATE MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) writa RURAL and give nearest town) 17 Days Baltimore Fort Howard d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Veterans Administration Hospital Bridge Drive 3. NAME OF DATE Month DECEASED OF DEATH (Type or print) PAUL E. ZELLER August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR carbon 8. DATE OF BIRTH last birthday) an Male White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? physician 105 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) dona during most of working life, even if retired) 6 Ordinance Dept. Baltimore, Maryland Munitions Inspector 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please George J. Zeller Emily Scheckels affend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Clinical Records, VAH, Baltimore 18, Maryland (Yes. no. or unkown) | (If yes give wer or detes of sarvice) Fort Howard Division BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY URENTA DUE TO ACUTE IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (a), steting the underlying has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION as use 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) Month, Dey, Yeer factory, street, office bldg., etc.) Not While Hour a.m. et work et work 201961, to August 30 , 161., that N (we) last DIRECTOR: 21. I certify that X (this hospital) attended the deceased from August 13 saw the deceased alive on August 30 161 ..., and that death occurred at p.... M, from the causes and on the date stated above. ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS VAH.BALTIMORE 18, MD. FT. HOWARD DIVISION RUSSO, M.D. rector, filed 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Cedar Hill Cemetery Anne Arundel County, Maryland 是 雪 0 Burial 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

VR A15 (4) 15M 9/60

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

. IS RESIDENCE

Year

19

ONSET AND DEATH

PERFORMED?

NO

(Stele)

DATE SIGNED

30/61

DAYS

U. S. A.

IF UNDER 24 HRS.

ON A FARM? YES NO T

DASEP James L. McCully, 237 Patapsco Ave., Balto.Md.

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P - A '47 Ceder Hill Committery

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James J. Howally, Say retroped are , and to , and